**FACILITY REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested By**  Solicitante | | |  | | | | | | **Phone**  Teléfono | | |  | | |
| **Organization**  Grupo o Ministerio | | |  | | | | | | | | | | | |
| **Event Name**  Nombre del Evento | | |  | | | | | | | | | | | |
| **Room and Equipment Needs**  Necesidades de sala y equipo | | | **\_\_\_\_ # of tables \_\_\_\_ # of chairs \_\_\_\_ Projector and Screen \_\_\_\_ Podium \_\_\_\_ Microphone \_\_\_\_TV/DVR**  **Additional needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_ Num. de mesas \_\_\_\_ Num. de sillas \_\_\_\_Proyector / Pantalla \_\_\_\_ Podio \_\_\_\_ Micrófono \_\_\_\_ TV / DRV  Necesidades adicionales \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Dates Requested**  Fecha Que Solicita  **20\_\_\_\_** | | | | **Start & End Time**  Comienza y Termina | | **Church**  Iglesia | **Facility Requested**  Salón o Cuarto | | | | **Set up Time**  Tiempo de Preparación | | **Clean up Time**  Tiempo para  Limpiar | **No. of People**  Num. de personas |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **Month**  **Day** | | | |  | |  |  | | | |  | |  |  |
| **\*Any special set up is to be done by each group and the room is to be returned to its original set up\***  \* Cualquier configuración especial debe ser realizada por cada grupo y la habitación debe ser devuelta a su configuración original \* | | | | | | | | | | | | | | |
| **Today’s Date** / Fecha de Hoy | | | | | | | | | | **Signature** / Firma | | | | |
| Office Use Only | | | | | | | | | | | | | | |
| **Entered By** | | | | | | | | **Date** | | | | | | |
| **Approved** | **YES** | **NO** | | | **Reason Not Approved:** | | | | | | | | | |

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