

# Room Reservation Request Form



**NEW HORIZON**  
CHRISTIAN CENTER

5600 VALLEY AVE E - FIFE, WA 98424  
(253) 922-1502 OR FAX (253) 926-6831

Today's Date \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position in Organization: \_\_\_\_\_

Contact Phone: Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Church Event: (Circle one)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Community Event Yes \_\_\_\_\_ No \_\_\_\_\_

Repetitive Event Yes \_\_\_\_\_ No \_\_\_\_\_

How many people are expected to attend? \_\_\_\_\_

Event Description \_\_\_\_\_

Event Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Prep Time: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Primary Activity: \_\_\_\_\_

Rehearsal Date (s): \_\_\_\_\_

## Sound/Multi Media Equipment

### Microphones:

Stands \_\_\_\_\_ Handheld \_\_\_\_\_ Remote \_\_\_\_\_

**Soundboard Operator Needed (Circle Y or N)**

### Media Equipment

TV \_\_\_\_\_ VCR \_\_\_\_\_ Large Screens \_\_\_\_\_

Projector \_\_\_\_\_

**Multi Media Operator Needed (Circle Y or N)**

*Our operators are required for any usage of the large screens or any special lighting and sound needs. Please describe in detail sound, lighting, staging, musical, audiovisual and any other services which will require assistance by our Technical services staff. A Technical Services staff fee may be added.*

**Custodial Services:** Please detail your plans to restore the space to ready to use condition.

## Room Information

Number of Rooms Needed: \_\_\_\_\_

Room Preference (if any): \_\_\_\_\_

Furniture Needed: \_\_\_\_\_

Kitchen Equipment needed: \_\_\_\_\_

### Please use this section to explain any details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Childcare Needed:** yes \_\_\_\_\_ no \_\_\_\_\_  
(if yes, see attached policy)

Childcare contact: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

### - Do Not Write in this Space -

#### Staff Review

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date Contact Person Notified \_\_\_\_\_

#### Charges:

##### Room

\_\_\_\_\_ \$ Per Room \_\_\_\_\_ Number of Rooms

##### Custodial

Set up \$ \_\_\_\_\_ Take Down \$ \_\_\_\_\_

##### Technical Services

Equipment \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

##### Other Expenses (Describe)

\$ \_\_\_\_\_

**Total cost of Event**

Deposit \$ \_\_\_\_\_

\$ \_\_\_\_\_