



Facility Reservation Sheet

Event:	_____				
Calendar to appear on:	<input type="checkbox"/> Contemporary Campus	<input type="checkbox"/> Classical Campus	<input type="checkbox"/> NEXT Campus	<input type="checkbox"/> Network Services	<input type="checkbox"/> All
Contact Person:	_____				
Home Phone:	_____	Work/Cell Phone:	_____		
Date of Event:	_____	Time:	_____	To	_____

Rooms Required (please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Courtyard | <input type="checkbox"/> Foundation Room |
| <input type="checkbox"/> Room 221 (Resource Rm) | <input type="checkbox"/> Room 222 | <input type="checkbox"/> Room 223 |
| <input type="checkbox"/> Room 321 (upstairs) | <input type="checkbox"/> Room 322 (upstairs) | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Staff Room | <input type="checkbox"/> Room 121 (downstairs) | <input type="checkbox"/> Room 122 (downstairs) |
| <input type="checkbox"/> Room 123 (downstairs) | <input type="checkbox"/> Room 124 (downstairs) | |

Requirements (please check all that apply):

Equipment		
<input type="checkbox"/> TV	<input type="checkbox"/> DVD	<input type="checkbox"/> VHS
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Large Screen	<input type="checkbox"/> Small Screen
Tables	Chairs	<input type="checkbox"/> Small Rect. # _____
<input type="checkbox"/> Round # _____	<input type="checkbox"/> Adult Chairs # _____	
<input type="checkbox"/> Large Rect. # _____	<input type="checkbox"/> Child Chairs # _____	
Misc.		
<input type="checkbox"/> Music Stand	<input type="checkbox"/> Flip Chart	<input type="checkbox"/> Markers
<input type="checkbox"/> Stool	<input type="checkbox"/> Portable Whiteboard	

Special Instructions:

Please provide a diagram of the room(s) set up including positioning of tables, chairs, projector, etc. (If required, AACN can provide diagrams of suggested layouts).



AIRDRIE ALLIANCE CHURCH

I accept the responsibility for any damages or loss to the facility or of equipment caused by myself and any attendees or guest of my event. I accept the "Fees" as outlined in this document that apply to my event.

If damages or losses occur to the facility or equipment during the agreed upon period, I hereby guarantee reimbursement to Airdrie Alliance Church for all repairs or replacement costs, including but not limited to pricing quotes.

Ministry Leader's Signature

Ministry Leader's Name (Please Print)

AACN Staff Signature

Date

For Office Use Only

Reservation Fee	\$ _____	Rental Fee	\$ _____	Damage Deposit	\$ _____
Paid <input type="checkbox"/>		Paid <input type="checkbox"/>		Paid <input type="checkbox"/>	
Date _____		Date _____		Date _____	

Name	Req. Done?	Date
Sound Tech <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	