

**South Plains Church of Christ
BUILDING RESERVATION REQUEST**

Date of Request: _____

Name: _____

Address: _____

Phone: _____

Fax #: _____

Email: _____

Signature of Responsible Party:
MUST read and follow building guidelines

Ministry Leader

FEES (if applicable)

Date	Amount	Check #/Cash
_____	_____	_____

**THIS REQUEST WILL BE PROCESSED
WITHIN 7 BUSINESS DAYS**

**FOR ANY QUESTIONS,
REFER TO FACILITIES USE POLICIES**

**All applicable fees are due
within 7 business days.**

OFFICE USE ONLY

Approved: _____

Calendar: _____

Excel: _____

Online: _____

Signed: _____

Send Guidelines: _____

Event Information

Date: _____

Time of Event: _____

Time from Arrival to Departure: _____

Name of Group: _____

Description of Event: _____

Estimated # of Attendees: _____

Information above is required to process request

of Round Tables: _____
available only in FLC

of Long Tables: _____

of Chairs: _____

of Table Cloths _____
fee of \$4.50 each (Need 2 weeks notice)

Rooms to Reserve:

Family Life Center _____

Kitchen _____

Living Room _____

Annex East/Crossroads _____

Annex West/University _____

Room 217/Cornerstone _____

Room 111/Friendship _____

Multipurpose Room _____

Auditorium _____

Other: _____

Please list 1st, 2nd and 3rd choice of room