

# TRINITY STAFF ROOM REQUEST FORM

(ROOMS WILL NOT BE RESERVED WITHOUT FORMAL PAPERWORK)

EVENT NAME \_\_\_\_\_

DATE (S) \_\_\_\_\_

ROOM (S) BEING REQUESTED:

PREFERRED \_\_\_\_\_ ALTERNATE \_\_\_\_\_

IS THIS ROOM REQUEST RELATED TO A FUNDRAISING EVENT?  YES  NO IF YES, HAS THE FUNDRAISING APPLICATION BEEN APPROVED BY HR & FINANCE DIRECTOR  YES  NO

EXPECTED ATTENDANCE _____	PREFERRED ENTRANCE? <input type="checkbox"/> GYM <input type="checkbox"/> CHURCH <input type="checkbox"/> DOOR #6	
HOW MUCH TIME DO YOU NEED FOR SET-UP <input type="checkbox"/> ½ HOUR <input type="checkbox"/> 1 HOUR If you need longer than what is stated above please indicate how many hours prior to your start time. _____	WHAT TIME DOES EVENT START? START _____ AM/PM WHAT TIME DOES EVENT END? END _____ AM/PM	HOW MUCH TIME DO YOU NEED FOR TEAR DOWN <input type="checkbox"/> ½ HOUR <input type="checkbox"/> 1 HOUR If you need longer than what is stated above please indicate how many hours prior to your end time. _____

PRINT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY:**

CONFIRMATION NUMBER \_\_\_\_\_ CONFIRMATION RETURNED TO APPLICANT \_\_\_\_\_

IF YOU HAVE TO CANCEL OR DISCOVER YOU NO LONGER NEED THIS ROOM(S) PLEASE NOTIFY CORI FORD SO THIS ROOM OR ROOMS CAN BE MADE AVAILABLE FOR OTHER EVENTS.

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DETACH AND SUBMIT TO DIRECTOR OF OPERATIONS JEFF PIOCH

## CUSTODIAL REQUEST FORM

EVENT NAME \_\_\_\_\_ SET - UP TIME \_\_\_\_\_

DATE (S) \_\_\_\_\_

IF THE ROOM IS TO BE SETUP IN A PARTICULAR WAY PLEASE ATTACH A DRAWING. ADDITIONAL EQUIPMENT REQUIRED? MICROPHONE, SCREEN, LIST NECESSARY EQUIPMENT

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

YES CUSTODIANS REQUIRED TO SETUP FOR YOUR EVENT AND RETURN TO PREVIOUS CONDITION AT  
 NO END OF EVENT?

OFFICE USE ONLY: CONFIRMED ROOM NUMBER (S) _____ DIRECTOR OF OPERATIONS APPROVAL _____ CUSTODIANS PERFORMING WORK _____ ADDITIONAL STAFFING? _____
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