

Family Life Center Facility Request & Reservation Form

Please see brochure for Facility operating hours

Completion of this form serves as a request <u>ONLY</u> to reserve a room for an activity or event in the New St. Stephen Family Life Center. You will be contacted upon receipt of your request to finalize your reservation. There is a **NON-REFUNDABLE** deposit due upon reservation. Please complete this form in its entirety to avoid delays in processing your request and submit to the front desk!

DATE OF REQUEST	E	EVENT I	DATE (S)				
				Please	e circle the e	event dav	/(s):	
	N	М	T	W	Th	-	Sa	Su
Please indicate three alternate dates for this activity/event in the event of scheduling conflict:								
Your Name:					Phone:			
Nature of ACTIVITY/event:								
Is this a church/ministry related activity/event? YES NO								
If so, Ministry /Group Name:								
Space Requested								
Café 1st floor								
Cym #1 1ct floor								
Gym #2 - 1st floor								
MPR #1 - 2nd floor								
Other (Please Specify)								
IS THIS A TICKETED EVENT? YES		N	10					
Set-up Time Event	Start Time				Event E	nd Time	e	
Number expected in attendance:	Number of T	Tables ₋			_	Number	r of Chair	s
Will there be a need for any of the following? Please circle all that apply:								
AUDIO VISUAL SERVICES * MUSIC DEPARTMENT *								

*Note: Separate arrangements required for these services. The FLC is not responsible for securing these services!

Upon completion of your activity/event, if room is left in acceptable condition, deposit will be refunded or applied toward final bill. Please allow 4-6 weeks for processing of all refunds.

Please draw a diagram, of set-up desired, below. We will make every effort to comply with your request. Thank You!

Q۱	QUESTIONS? Call (502) 583-6798 ext 1035.					
D	DIAGRAM					

PAYMENTS

Date	Description	Signature