St. Mark's Episcopal Church and School

SPACE REQUEST FORM

Date of Request:_____

Name of Group or Organization:_____

Person requesting Space:_____

Phone: (H)_____ (W)_____

(M)_____ Email_____

Meeting Date:_____

Ongoing activity?_____ Date start/end:_____

Meeting Time (beginning/ending):_____

Room(s) requested (circle):

Hauser Hall/Kitchen Library Conference Room Church Parlor

Office Parlor Gym/Cafeteria Music Room Church/Chapel Youth Room

if not available, alternate room:_____

Do you need anything set up? Yes No
(if yes, be sure to fill out and attach set up diagram sheet with instructions)

Do you need A/V equipment? Yes No
Specify equipment (easels/flipcharts, etc.)_____

Do you need keys? Yes No

Will refreshments be served? Yes No

Do you need regular coffee Yes No

Decaf coffee Yes No

Ice water Yes No

Will you use the kitchen? Yes No

Do you need to provide us with a certificate of insurance? Yes No

Do you need a note on the marquee? Yes No
If so, what message?_____

- The Facilities Administrator many require a walk through with the person(s) requesting facility use.
- Each group or organization is responsible for all clean up of refreshments and crafts, including removing all trash.

Signature of person responsible_____

Staff signature_____

Please return completed form to
John Giffin, Facilities Administrator 713-667-7030