



Please leave completed form in Facilities mailbox, or in the locked box outside of the church office in the Dix St. hallway.

## FCCW Facilities Request Form – Request # \_\_\_\_\_

Name \_\_\_\_\_ Phone # and type: \_\_\_\_\_

Email \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Event \_\_\_\_\_ Date Submitted \_\_\_\_\_

Time/Date required (if applicable) \_\_\_\_\_

Check 1:  Request  Report  Suggest

If this is a request for a room set up, please indicate number and type of tables and chairs. Use space below, or back side to sketch desired room set up.

