BIBLE CHURCH 2374 SW Vermont St; Portland, 97219 Phone: 503.452.9375

GREATER PORTLAND Facilities Request Form (Main Building Only)

| Date Received |
|-----------------|
| Date Approved |
| Date Changed |
| Change Approved |

Allow a minimum of 2 to 3 weeks for event approval.

Other forms are used for Student Center reservations and off-site events.

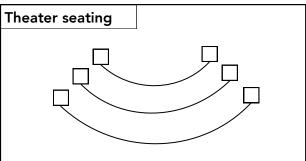
If you would like to request your event be publicized to the church community, please also fill out a Communication Request Form.

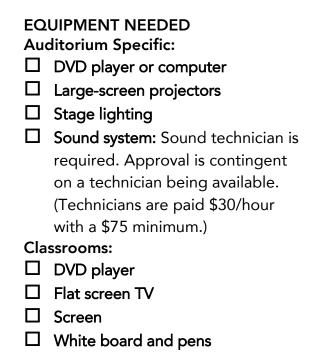
| EVENT NAME | | | | | | |
|------------------------------------|-----------------------------|---------------|-------|-----------------|------------------|--|
| MINISTRY AREA (All Church, Outs | ide group, Per | sonal, etc.)_ | | | | |
| DAY(S) & DATE(S) | | | | | | |
| Setup time: Ever | nt time: | to | Est. | . clean up time | : | |
| ESTIMATED NUMBER ATTENDIN | G | | | | | |
| Is there a cost to attend this ev | rent? Yes C | O oN | How m | nuch? | _ | |
| NAME | | | | | | |
| EMAIL | | | | | | |
| ADDRESS | | | | | | |
| PRIMARY PHONE | AL1 | TERNATE P | HONE | | | |
| LOCATION OF EVENT: Please ma | rk all rooms/a CHILDREN' | • | sted. | Notes/addit | ional info: | ······································ |
| ☐ Portland | Upstairs | | | | ionar imo. | |
| ☐ Pacific | ☐ Mt. Sco | tt | | | | |
| ☐ Columbia | ☐ Mt. Tab | or | | | | |
| ☐ Deschutes | ☐ Mt. Bac | helor | | | | |
| ☐ Clackamas | ☐ Mt. Jeff | erson | | | | |
| ☐ Willamette | ☐ Mt. Ada | ams | | | | |
| OTHER | ☐ Mt. St. | Helens | | | | |
| ☐ Auditorium | ☐ Mt. Hoo | od | | | | |
| ☐ Lobby | Downstairs | | | | | |
| ☐ Kitchen | ☐ Indoor I | Playground | | : | | |
| ☐ Espresso Bar (Trained barista | ☐ Room A | 1 | | | | |
| required) | ☐ Room B | | | | | |
| ☐ Conference Room (upstairs) | ☐ Room C | • | | : | | |
| GROUNDS/OUTSIDE | ☐ Room D |)-Nursery | | : | | |
| Front Lawn | | | | | | |
| ☐ Bowl | | | | | ······ | |
| NEED STUDENT CENTER ALSO? | • | | | • | | 1 |
| All fundraisers must be pre-appl | - | | | extra time fo | or this process. | |
| Will there be fundraising at or fo | or unis event? | res 🔾 | No O | _ | | 🖳 |
| If so, have you filled out a | Project Requ | uest Form? | Yes 🔾 | No O | | |

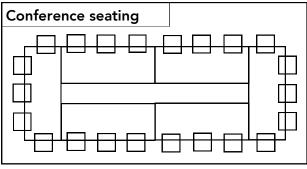
SETUP INFORMATION

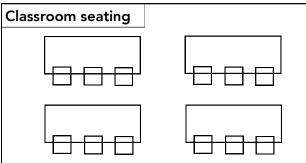
Please choose your setup style and indicate the number of tables, chairs, etc. needed. We will try to have the room set up, but due to short hours for the facility staff, it's not always possible. If there is no setup information, your room cannot be set up. Thanks for your understanding. When your event concludes, please return the room to the way you found it.

Setup choice Round seating Theater seating









| Lok | oby: |
|-----|---|
| | Registration space (Sundays) |
| | Espresso Bar (Must use trained |
| | barista. Use of this area is contingent |
| | on availability.) |
| Ho | w many of each needed: |
| | _Table(s) in lobby |
| | _Chairs |
| | |

| Rectangular tables | | | | | |
|--------------------|----------|--|--|--|--|
| Size | Quantity | | | | |
| 4′ | | | | | |
| 8′ | | | | | |

| Round tables | | | | |
|---------------|----------|--|--|--|
| Size | Quantity | | | |
| 5' (seats 8) | | | | |
| 6' (seats 10) | | | | |

You are responsible for any decorations and refreshments.

SECURITY: Please secure all entrance doors after your event has begun. When your event ends, please turn off lights and secure doors and windows. Thank you.

Name of person responsible for security: