

2374 SW Vermont St Portland, OR 97219 Phone: 503.452.9375

Student Center Request

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

Please allow a minimum of 2 to 3 weeks for room approval.

Other forms are used for main building reservations and off-site events.

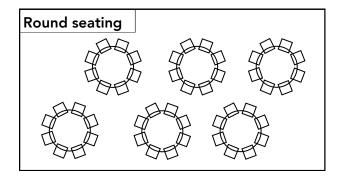
If you would like to request your event be publicized to the church community, please also fill out a Communication Request Form.

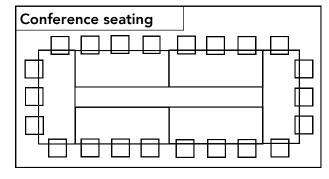
| EVENT NAME | | | | | |
|---|------------------------|----------------|------|--------------|--|
| MINISTRY AREA (Youth, Outside group, etc.) | | | | | |
| DAY(S) & DATE(S) | | | | | |
| Setup time: | _ Event time:to | Est. cleanup t | ime: | | |
| Is there a cost for this event? Yes O No O How much? | | | | | |
| ESTIMATED ATTENDANCE | | | | | |
| NAME | | | | - | |
| E-MAIL | | | | - | |
| ADDRESS | | CITY | ZIP | - | |
| PRIMARY PHONE | AL | TERNATE PHONE | | - | |
| GROUNDS/OUTSIDE Bowl | Notes/additional info: | | | | |
| Front Lawn NEED ROOMS IN MAIN | | | | | |
| BUILDING ALSO: O Yes (Please fill out form for Main Bldg.) | | | | | |
| O No | | | | | |
| i | | | | | |
| All fundraisers must be pre-approved by the elders. Please allow extra time for this process. | | | | | |
| Will there be fundraising at or for this event? Yes $oldsymbol{\bigcirc}$ No $oldsymbol{\bigcirc}$ | | | | | |
| If so, have you filled out a Project Request Form? Yes $oldsymbol{	ext{O}}$ No $oldsymbol{	ext{O}}$ | | | | | |

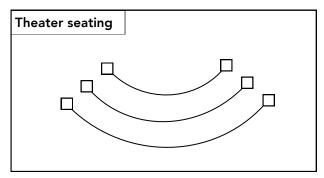
SETUP INFORMATION

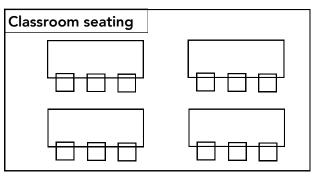
Please choose your setup style and indicate the number of tables, chairs, etc. needed. We will try to have the room set up but due to short hours for the facility staff, it's not always possible. If there is no setup information, your room cannot be set up. Thanks for your understanding. When your event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

Setup choice _____









SET UP INFORMATION:

STUDENT CENTER EQUIPMENT/AREAS NEEDED:

Chairs needed

Sound Booth:

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

| Ш | Sound system: Sound technician or training |
|---|---|
| | is required. Approval is contingent on this |
| | requirement being met. (Technicians are |
| | paid \$30/hr.) |

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

☐ Projector

☐ **Kitchen:** Clean up after your event please.

☐ Stage: Please replace anything moved.

☐ Small rooms

☐ Game systems (air hockey, ping pong, etc.)

Please include any additional information or requests in "Notes" section on the front page.

You are responsible for any decorations and refreshments.

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

Name of person responsible for security: