

First Presbyterian Church
2300 S. West Avenue
Sioux Falls, SD
605-336-2886

EVENT REQUEST AND SET UP FORM

This form should be completed at least 4 weeks prior to the event.

Circle one: Church sponsored event Member lifecycle event Member non-lifecycle event Outside organization.

One Time Event

Reoccurring Event

Name of Event: _____

Date of Event: _____

Arriving Time: _____ Begin Time: _____ End Time: _____

Location/ Room: _____

Contact Person: _____

Phone: _____

E-Mail Address: _____

Requesting Organization/Ministry Area: _____

Time / Date when set-up must be completed: _____

Number of people attending: _____

Number of chairs and tables: _____

Room Set-up (circle one) **As is** OR **New set up for room.**

For new set up of a room please draw a sketch on the back of this form on how you would like tables, chairs, staging, decorations set up.

Technical needs: Podium / 65" TV with Computer cart / Piano / PA System / Staging /Risers / DVD player

Additional needs: _____

CHURCH OFFICE USE ONLY:

Date Form Received _____

Received By _____

Room Fee _____

Certificate of Insurance Received **Yes No** Assumption of Risk Form Received **Yes No**

**First Presbyterian Church
2300 S. West Avenue
Sioux Falls, SD
605-336-2886**

EVENT REQUEST AND SET UP FORM

This form should be completed at least 4 weeks prior to the event.

Please sketch the specific set-up for the room that you are reserving, noting the location of tables and chairs and other specific requirements.