Presbyterian Church of Stanley Room Reservation Request Form 2011

14895 Antioch Road, Overland Park, KS 66221
Phone: 913-681-8180 Website: www.stanleypres.org FAX: 913-681-8186

Please note: this form is for use by members of the Presbyterian Church of Stanley. The church is available on a limited basis for non-profit organizations by contacting Jill Hunstad at the number listed above. **Please print information.**

Today's Date: _____/_____/_____ **Requestor's Name**: _____

Phone: (_____)_____Email:_____

Ministry of PCOS_____ **Pastor Approved**:_____	**Outside Organization**:_____ _____

Event Date(s): _____/_____/_____to_____/____/_____ Day(s) of the Week:_____

Event Times (include am/pm): _____ to _____ Time you need to access room:_____

Room(s) Requested: _____

Do you need childcare? For PCOS events we ask for a $2 donation per child per event. Childcare will not be provided for outside organizations. If so, approximately how many children?_____

Office hours are 9am-4pm M-F, will you need entry to building at another time? ____ Yes ____ No
If YES, please contact Jill Hunstad, at least 7 days before your planned event to arrange building access.

Event Name: _____

# of People to Attend Event/Activity: _____ Type of Event/Activity: _____

Set-Up Needed, Please check those items needed:

_____8' Tables: How many_____ _____Round Tables: How many_____ _____Microphone

_____Chairs: How many _____ _____Easel _____Podium _____Screen

DVD/VCR/TV: Yes _____ No _____ **Projector:** Yes _____ No _____

Special Set-Up Request (please diagram below / may use back if needed):

To Be Completed By Office Staff: Request Received: _____/_____/_____ Approved: _____/_____/_____

Room(s) Assigned: _____

Key Given To: _____ on _____ by _____

Date put on Calendar: ____/_____/_____ If this is a change to a previous request, Date: ____/_____/_____

Reason for Change: _____

Copy of form given to: Stephanie _____ Matt _____ Jan Mc _____ on ____/_____/_____