

Moorpark Presbyterian Church

13950 Peach Hill Rd., Moorpark, CA 93021

Office Phone: 805-529-8422

Office Fax: 805-529-2790

Facilities Reservation Form

Event Date:		Expected Attendance:	
Sponsoring Organization:			
Contact Information			
Name:		Home Phone:	
Address:		Cell Phone:	
City:	State:	ZIP:	Email:
Event Information			
Name:			
Purpose:			
Start Time: :		End Time: :	
Amount of set-up time needed:		Take Down time needed:	
Room(s) requested		1 st Choice:	
		2 nd Choice:	
Technical Equipment Setup			
<i>Check those items that will be needed for this event:</i>			
<input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> VCR		<input type="checkbox"/> Sound System	
<input type="checkbox"/> Projection Screen		<input type="checkbox"/> CD Player	
<input type="checkbox"/> Multimedia Projector		<input type="checkbox"/> Other	
Microphones: Wireless, in stand How many? _____ <input type="checkbox"/> Lapel microphone How many? _____			
Special Setup - Please describe any special setup you require.			
Director of Worship Initials: _____ Date: _____			
Other Facility Setup Information			
<i>Check those items that will be needed for this event:</i>			
<input type="checkbox"/> Rectangular Tables, 30 x 96 How many? _____		Chairs How many? _____	
<input type="checkbox"/> Circular Tables, 58" diameter How many? _____			
Special Setup – Please describe any special setup you require.			
Facilities Manager Initials: _____ Date: _____			

I/We have read and do accept the Building Use Policy of Moorpark Presbyterian Church, Moorpark, CA and will abide by its requirements. I/We understand that in case of damage, I/we will forfeit the security deposit and be held responsible for any and all expenses incurred by Moorpark Presbyterian Church to correct and repair the damage over and above the amount of the security deposit.

Signature	Date:
Signature	Date:

<i>This section to be completed by the Moorpark Presbyterian Church Staff.</i>			
Date entered on the church calendar	By:		
Pastoral consent on content and use of facilities	By:		
Room fee	Fee:		
Kitchen fee	Fee:		
	Payment Received:	Date:	Check #
Proof of Liability Coverage			
Security Deposit			
Balance Due: must be paid in full 2 weeks prior to event			
Cleaning and Repair Deposit			
	Payment Returned:	Date:	Check #
Security Deposit Refunded:			
Cleaning and Repair Deposit Returned/Refunded:			