



Room Use Request • General

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Name of Group _____ Date of Request ____/____/____

Date of Room Use ____/____/____ Hours of Use (XX:XX a.m./p.m. to XX:XX a.m./p.m.) _____ Kind of Activity _____

Room(s) Requested _____ # of Attendees _____

Contact Information

Name of Contact Person _____ Phone Number _____

Mailing Address _____ City/State/ Zip _____

Email address _____

Equipment Required

Blue Chairs _____ # Folding Chairs _____ # Round Tables (60") _____ # 8'x3' Tables _____ Other _____

Sound (Booth and/ or Equipment) AC/Heat Kitchen (for serving only) Coffee Machine Stove/Oven Refrigerator/Freezer Dishwasher

If you need to use kitchen equipment, you may need training before initial use.

Instructions to Users

- Notify the church office of any cancellation or change in room usage as soon as possible.
- If you require a key, please pick one up at the church office during regular office hours.
- Users are responsible for set-up. Custodial service will not be provided to set up the rooms.
- Nothing is to be mounted on the walls or ceiling except with special permission. Bulletin boards/easels are available for your use.
- No alcoholic beverages or drugs are allowed on campus. Smoking is only permitted at designated areas.
- All rooms are to be left the way you found them.
- Make sure all lights are turned off, all windows are latched, and all doors locked before you leave. All doors have two locks.
- Return key to the church office.

Authorized By _____ Date ____/____/____