

## **Room Use Request • General**

619-465-3011 yasmin@trinitypres.org 3902 Kenwood Dr. • Spring Valley, CA 91977

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Name of Group			Date o	f 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			tendees
Contact Information				
Name of Contact Person	Phone Number			
Mailing Address	City/State/ Zip			
Email address				
Equipment Required				
# Blue Chairs # Fold	ing Chairs # Round Tables (60") # 8'x3' 1	Tables Other		
☐ Sound (Booth and/or Equipment)	☐ Kitchen ☐ Coffee Machine (for serving only)	☐ Stove/Oven	☐ Refrigerator/Freezer	☐ Dishwasher
If you need to use kitcher	equipment, you may need training before in	itial 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.

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Authorized By	Date