**CBCM—GAITHERSBURG CAMPUS INTERNAL REQUEST FOR CHURCH FACILITY USE**

**Please electronically submit this form to** **reservation@cbcm.org** **two weeks prior to the event**

**GENERAL EVENT INFORMATION - Please obtain in advance the commitment of anyone whose name is listed below.**

|  |  |
| --- | --- |
| Today's Date: | Date/Day of Event: |
| Event Coordinator: | Phone: | Start & End Time: |
| Key Holder: | Phone: | Name of Event: |
| Audio/Video Operator: | Phone: | Sponsoring Department: |

**ROOM & EQUIPMENT REQUIREMENTS - Please specify as many details as are available at this time.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Room Capacity** | **# People** | **Equipment**  | **Remarks** | **Room Capacity** | **# People** | **Equipment**  | **Remarks** |
| Sanctuary 80-120 |  | AV/ Piano/Chairs |  | RM 224 30-50Children |  | Table/Piano/TV |  |
| Fellowship 80-100 |  | Table/ Chairs/ 2 TVs  |  | RM 225 10-12  |  | Table/Chairs/TV |  |
| RM 101 8-10Infants |  | Chairs |  | RM 226 10-15  |  | Table/Chairs/TV |  |
| RM 102 15-20Toddlers |  | Table/Chairs |  | RM 210 15-18 Conference  |  | Table/Chairs/TV |  |
|  |  |  |  | Chapel 100-120 |  | AV/Chairs |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |   |

**APPROVALS & NOTIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Sponsoring Department Deacon (Event approval) |  | Physical Facilities Department Deacon (Room reservation & set-up) |

**With the exception of the pastoral staff, this application MUST be approved by the Deacon of the sponsoring department or
 no support will be provided by the Physical Facilities Department & the Media Department**

File: CBCMG-Internal Facilities Request Form.doc Date: 04/25/2023