

OUTSIDE GROUPS—ROOM RESERVATION FORM

EVENT INFORMATION

Name of Event _____

Estimated Number of Persons Attending _____

One-time Event Recurring Event

Date(s) _____

(For recurring events, please provide a date range or list additional dates on the back of this form.)

Set-up Time _____

Start Time _____

End Time _____

Clean-up Time _____

SECURITY

Events scheduled after 3 p.m. on Friday, any time on Saturday, and after 2 p.m. on Sunday are subject to a \$30/hour security fee and require an authorized individual to shut down and secure the premises after the event. If your request occurs during these times, our Parish and Communications Coordinator, Lois McDonald, will contact you regarding our Security Policies or you may contact her at 301-654-2488 or at lois.mcdonald@allsaintschurch.net.

FOOD & DRINKS

Will food or drinks be served? Yes No

Will alcohol be served? Yes No *If "Yes," please contact Lois McDonald, for a copy of the Alcohol Policy.*

ROOMS

Nave St. Mary's Chapel Great Hall Memorial Hall Parlor Library Youth Room

Other _____

Kitchen *If the Kitchen is requested, please see the Kitchen/Great Hall Cleanup Checklist.*

SET UPS

The following tables and chairs are available for use in the Great Hall and Memorial Hall.

10 ~ 72" round tables 9 ~ 60" round tables
10 ~ 72" rectangular tables 8 ~ 96" rectangular tables
170 ~ folding chairs

Please indicate any special set up . Use the back of the form to draw a floor plan, if necessary.

OTHER RESOURCES

DVD/TV Portable Sound System Microphone Projector/Laptop Screen Easel

I acknowledge the receipt of the Outside Group Event/Meeting Guidelines. I have read and accept the terms and conditions stipulated in this document. If alcohol is served, I agree to adherence to the policies set forth in the All Saints Church Alcohol Policy. I also agree that if children are in attendance at this event, that supervision will be provided for the children within the guidelines of the ASC Child Protection Policy.

Signature of Person Responsible for the Space

Date

PERSON RESPONSIBLE FOR THE SPACE, INCLUDING SET UP AND CLEAN UP

Name _____

Email _____

Phone Number(s) _____

Will this individual be on site during the entire time the building is occupied/used for the event? Yes No