



Riverside Chapel

Seventh-day Adventist Church
800 Youngs Lane, Nashville, Tennessee 37207

FACILITY RESERVATION FORM

~ For Church Department Use Only ~

Today's Date: _____

Name: _____ Department: _____

Phone: _____ E-Mail: _____

Purpose of Reservation (meeting, seminar, social, etc.): _____

Requested Room(s): _____

Requested Date: _____

Time the event will begin: _____ a.m. / p.m.

Time the event will end: _____ a.m. / p.m.

Necessary Equipment *(please check all needed)*

- | | |
|--|---|
| <input type="checkbox"/> Audio system (w/ standard microphones) | <input type="checkbox"/> Rectangular tables (<i>quantity:_____</i>) |
| <input type="checkbox"/> Wireless microphones (<i>sanctuary only</i>) | <input type="checkbox"/> Circular tables (<i>quantity:_____</i>) |
| <input type="checkbox"/> DVD player (with monitor <input type="checkbox"/>) | <input type="checkbox"/> Chairs (<i>quantity:_____</i>) |
| <input type="checkbox"/> CD player | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Video projector | <input type="checkbox"/> Other: _____ |

PLEASE NOTE: You must return this completed form with your signature in order for your event to be formally placed on the church calendar. All events subject to pastoral and/or board approval.

Your Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date Approved: _____ Approved By: _____ Ch Bd: _____

Notifications: Pastor Head Deacon Custodian Media Kitchen Other Depts _____