National Presbyterian Church  
Facility Use Request for Outside Groups

Space usage opportunities for outside groups are very limited. Please complete and submit to Diane Stewart, dstewart@nationalpres.org. ALL space usage requests must be approved by the Facilities Director. Fees may apply. (Do not use this form for wedding requests. Please see the Weddings page on our website for guidance related to wedding requests.)

**REQUESTOR**
Name of Event: _____________________________________________________________
Date(s) of Event: ____________________________________________________________
Purpose of Event: ___________________________________________________________
Sponsoring Group of Event: _________________________________________________
Website and Physical Address of Sponsoring Group: ______________________________
__________________________________________________________________________

Is the group “For Profit” ___ “Non-Profit” __ Charging people who attend the event? ____
Group’s Contact Person: ____________________________________________________
Contact Person’s Email: ____________________________________________________
Telephone: __________________________________________________________________
Date Submitted: ____________________________________________________________
Name of NPC Member/Ministry Associated with This Group and Request: __________

**RESERVATION REQUEST**
Day / Date: __________________ Event Start Time: _____ Event End Time: ______
Recurrence: ___________________ (weekly? monthly?) End Date: ________________
Room(s) Preference: _________________________________________________________
Estimated Attendance Number: ______ Parking Spaces Needed: ________________
Site visit to preview rooms requested: ________________________________________

**SETUP REQUEST**
Setup Date: __________________________ Start Time: ______ End Time: ______
Room(s) Setup: ____________________________________________________________
(Chairs in theater style, circle; work tables needed, etc. More details required if approved.)

**AUDIO VISUAL NEEDS** (Support services are not guaranteed, and extra fees apply.)
AV Technician requested (Y/N) ______
Microphone: Handheld #_______ Lapel #_______ Mounted on lectern ______
TV ______ DVD _____ CD player ______
Video projector (for laptop or DVD’s) _____ Type of laptop connection ______
Screen ______ Lectern _______ Flip chart and markers ________

**BEVERAGE / FOOD SERVICE** (Note: Alcoholic beverages are not permitted.)
Regular Coffee ______ Decaf Coffee ______ Tea_______ Ice Water ______
Food service plans (Catered only--the church does not provide food service. Names of allowed caterers provided on request) ____________________________________

**Office Use Only**
1. Outside Group’s insurance coverage documentation received __________________
2. Contract Signed / Date__________________________

Rev 01/28/21