

First Congregational Church of Santa Ana
Facilities Scheduling Request

Today's date: ___/___/___ Time: _____am/pm

Group Name: _____

Contact: _____ Phone number: (____) ____-_____

E-mail address: _____

Use Type: Church-sponsored Event Church: FCCSA NH MJR
 Outside Event

Event name: _____

Choose one:

Single Event Date: ___/___/___ Start Time: ___:___ am/pm

Set-up: ___:___ am/pm End Time: ___:___ am/pm

Tear down: ___:___ am/pm

Multiple Usage Day(s): ___/___/___ Set-up: ___:___ am/pm
 ___/___/___ Start Time: ___:___ am/pm
 ___/___/___ End Time: ___:___ am/pm
 ___/___/___ Tear down: ___:___ am/pm

Number of attendees: _____

Room(s) Requested (please enter room codes):

First Choice: _____ Second Choice: _____

Room Codes:

FH Fellowship Hall (250 people max)

S Sanctuary (250 people max)

FR Fireside Room* (50 people max)

K Kitchen

Comments/requests: _____

Office Use Only

Date/Time Received: _____ Initials: _____

Board of Trustees Approval: _____

Deposit received Room scheduled Agreement signed

*No food/beverages allowed.