

CALENDAR / ROOM REQUEST FORM

Please Note: Requests are not confirmed until you receive notification of approval

Date of Event: _____ Title of Event: _____

Reserve Time: (when will the first person arrive to set up?) _____ am pm

Stop Time: (when will the last person leave after the event) _____ am pm

Event Time: (actual time of the event) Beginning ____ am pm Ending _____ am pm

Room(s) Requested _____ Second Choice _____ # in Attendance _____

ORIGIN:

Date Submitted: _____ Submitted by: _____

Home Phone: _____ Work Phone: _____ Email: _____

Who is responsible for Cleanup? _____

Who is responsible for locking of the room? _____

This a _____ School function _____ Church function _____ combined

RESOURCES REQUESTED: *Circle what you need and give quantity where indicated.*

Podium ____ TV/VCR ____ Screen ____ Sound system ____ overhead Projector _____

Stage (# of pieces _____) other _____

Round Tables (how many _____) Rectangle Tables (how many _____) Chairs (how many ____)

Sexton (Who will pay O/T) _____ Table Cloths _____ *(Must be professionally cleaned)*

ROOM SETUP:

Describe in detail the room a set up needed for your event. Include a drawing below.

If your event is cancelled, please contact Gardner Headrick at 713-468-7796 Ext. 230 - Email: Admin@hsechurch.org
For cancelled school events contact Ranelle Johnson at 713-468-5138 Ext. 216 - Email: rcjohnson@hses.org

Approved by: _____ Date: _____ Notified Requestor: _____