

Room Reservation Form

DATE SUBMITTED _____

MEETING: _____

REQUESTED DATE: If a recurring meeting, check box and list **each date** below:

Time Room Required: _____ to _____ Time Meeting Begins: _____
(include any setup & breakdown)

EVENT DETAILS: CHURCH EVENT CHURCH MEMBER EVENT OTHER EVENT

AV Equipment Requested: _____

Room(s) Requested: _____ Number of Attendees: _____

Setup by Church staff? Yes No *If YES, put setup or other information below. Use back of form if needed.*

CONTACT INFORMATION:

Contact Person: _____ Daytime Phone #: _____

Email Address: _____

I have read and understand the *Use of Duke Memorial Facilities Policies and Procedures* and my responsibilities outlined there. I also understand that an event is not confirmed until payment is made.

Name: _____ Date: _____
(Signature)

For office use only:

Usage Fee: _____ Cleanup Fee: _____ Access Code (if applicable) _____

Fee Received (if applicable) Proof of Insurance received (if applicable) Event on Calendar

Approved by: _____

Date: _____

Duke Memorial Room Request

Instruction for Use

*This room request is required for all available meeting space at our church and will ensure that room scheduling and setups are handled in a prompt and efficient manner. Your use of this form will be greatly appreciated. This form is available from the Duke Memorial website (www.dukememorial.org) under **Resources-Forms**.*

1. Please fill out the form as completely as possible. Specific room available are listed below – beside them will be the **total square footage of the room and the room capacity**.
 - Whitford Hall (3,612/**240**)
 - Whitford Hall Kitchen
 - Bradshaw Room (1,150/**77**)
 - Parlor (975/**19¹**)
 - Katie Johnson Room (287/**19**)
 - Soul Café (1,186/**79**)
 - Youth Room/Game Room
 - Spence-Kale Room (4,237/**282**)
 - Sanctuary (13,351/**890**)
 - History Room (Availability TBD)
 - Minnie P. Gates (697/**46**)
 - Lillie Duke (697/**46**)
 - Lullaby Room (280/**15¹**)
2. If you have multiple meeting dates and/or multiple meeting dates with different times, these can be listed below the *recurring meeting line*.
3. If the number of attendees is not specifically known, please estimate.
4. Please make sure that contact information is provided.
5. Upon completion, please return the form to mark@dukememorial.org

If you have any questions about this form or its use, please contact **Mark Evans** at the number on the form (919.683.3467)

¹ Based on static seating arrangement.