|  |  |
| --- | --- |
| **DATE OF REQUEST** |  |
| **MEETING:** |  | | | |
| **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 EVENTCHURCH MEMBER EVENTOTHER 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**

Top of Form



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*](http://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/**19[[1]](#footnote-1)**)
* 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)**

1. If you have multiple meeting dates and/or multiple meeting dates with different times, these can be listed below the *recurring meeting line*.
2. If the number of attendees is not specifically known, please estimate.
3. Please make sure that contact information is provided.
4. Upon completion, please return the form to **Bill Palmieri-Guy (billpg@dukememorial.org)**.

If you have any questions about this form or its use, please contact **Bill Palmieri-Guy** at the number on the form (919.683.3467)

Bottom of Form

1. Based on static seating arrangement. [↑](#footnote-ref-1)