

Crosswinds Facility Request Form

Please fill out this form and return it to the church office 30 days in advance of the date of the event. If you received this form electronically, you may fill it out using MS Word typing in the shaded areas. Email the completed form to jeni@crosswinds.church

1. General Information

Date of event: _____ Event title: _____
Event day of the week: _____ When do you need to have your set-up completed? _____
Event start & finish times: _____ to _____ What time do you need to get in to prepare? _____
Requestor's name: _____ If you represent an outside organization, you **MUST** submit a
Requestor's phone number: _____ Certificate of Liability Insurance with this form.
Requestor's email: _____ Do you need a key to the facility? Yes _____ No _____
Number of guests expected: _____ * If yes, you will need to complete a Permission to Obtain a
Background Check Form (contact the church office for this
form or visit our website).

**Security needed if event is over 50 people

Multiple/Recurring Dates & Times: _____

2. Rooms Needed Please check all needed:

Ministry Center/Lobby _____ Atrium Lobbies/Upper & Lower Lobby _____ Coffee Shop Lobby _____ Chapel _____ Green Rm _____
Kitchen _____ Office Lounge _____ Ministry Partner Office _____ Conference Rm _____

The Box/Box Kitchen _____ KM Lounge _____ Chickadees _____ Lambs _____ Cubs _____ Otters _____ Children's Lobby _____

K-2 Theater (no stage) _____ 3-5 Theater (no stage) _____ (K-2) 1 _____ 2 _____ 3 _____ (3-5) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
6 _____ All Kids Ministry rooms need to remain NUT-FREE.

Athletic Field _____ *there are no restroom facilities available on the field. Other _____

3. General Equipment Needed Please write in quantities needed:

8' Rectangular table _____ 6' Rectangular table _____ 5' Round table _____ Chairs _____ Roku TV (Blue Ray) Cart _____
Whiteboard _____ Easel _____ Flip chart _____ Podium _____ Other _____

4. Technical Support Needed Yes _____ No _____ *If a technician is needed, please attach a program schedule to this form. Also, there may be a cost incurred with tech support.

Contact person: _____ Phone: _____ Email: _____
(Person who can discuss technical needs)

a. Please indicate the number of each item needed:

Wireless, Hands-free microphone _____ Wireless, Hand-held microphone _____ Podium, microphone _____

b. Media Sources Being Used:

DVD/BlueBay _____ Presentation (Video/Graphics) _____ Song lyrics _____ (displayed on screen) Image slideshow _____

***If you want to control your presentation from the stage you will have to use a remote.

5. Room Set-up Diagrams On the back of this sheet, show arrangements of tables, chairs, and any other equipment requested.

***Conduct on the campus should be in keeping with Christian norms. The use of alcoholic beverages, tobacco, drugs of any kind (other than prescribed medication), the use of profanity, and music and other materials with offensive language/content are strictly prohibited anywhere on the CWC campus. Any violation of this guideline will be cause for immediate termination of the event.

-For Church Office Use Only-

Date form was submitted: _____ Placed on Calendars: Yes _____ No _____ Fees Received: Yes _____ No _____

Room Diagram Received: Yes _____ No _____ Cert. of Ins. Received: Yes _____ No _____

Security Team Needed: Yes _____ No _____ (Events over 50 people)

Calendars:

Public: Yes _____ No _____ Churchwide: Yes _____ No _____

These room layouts are in scale size to each other and to the table sizes shown in the center

