



CHURCH ELEVEN32

Event Questionnaire

Name of your Organization: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Date(s) of Event: _____

Rooms Requested:

____ Building A – Auditorium

____ Building B – Auditorium

____ Building A Classroom A

____ Building B – Commons

____ Building B – Green Room

Time of Event _____

Total time requested (incl. setup and tear down) _____

What is the primary focus of the event? _____

How many people are expected? _____

Event Needs:

- Chairs: _____
- Round Tables (6 available): _____
- Rectangular Tables (6-6', 8-8', 30 skinny-6' available): _____
- Table Cloths (please note there is a \$100.00 cleaning fee for table cloth use): _____
- Building B - Systems Usage - Lighting: _____
- Building B - Systems Usage - Audio: _____
- Building B - Systems Usage - Video: _____
- Building B - Systems Usage – Music Resources: _____
- Building B - Systems Usage - Staging: _____
- Building A – A/V System: _____
- Building A – Theatre Stage Lighting: _____

Liability Insurance: _____

Total Fee: _____

Payment Received:

Check No. _____ Date Received: _____

Amount: _____

For questions please contact us at facilities@churcheleven32.com.