



FIRST

FEDERATED
CHURCH

Room Reservation

Room Reservations must be made at least one week in advance.

4801 Franklin Ave. Des Moines, IA 50310

515-255-2122 Office

515-255-0052 Fax

Date of Use: _____ Date of Application: _____

Contact Name & Phone Number: _____
Responsible for cleaning up and returning room to order

Room(s) Requested: _____
List each specific room this event requires including the kitchen and nursery room(s)

Event: _____

Event Start: _____ AM PM Event End: _____ AM PM

Hours Needed: _____ AM PM

Number of People Participating: _____ Will Food be Served? No Yes

Kitchen Facilities:

Will Kitchen Facilities be used? No Yes

The Kitchen **must** be left in a condition of cleanliness according to the guidelines set forth and displayed on the West wall of the kitchen. Failure to do so may incur a fee and inability to use it in the future.

Nursery Facilities:

Room(s) Needed: _____

Hours Needed: _____

Nursery usage requires training and approval by the Children's Ministry Department at least **one** week prior to event. The applicant is responsible for contacting the Children's Ministry Department.

Furniture Need: (indicate quantity)

Round Tables: _____ 3' x 8' Tables: _____ 1' x 6' Tables: _____

Chairs: _____ Podium: _____ Music Stands: _____

**Users should be prepared to do their own set-up and tear-down.
Please draw a diagram of all equipment requested on the back of this sheet.**

A/V Equipment:

Overhead Projector _____

VHS Player DVD Player

Person Responsible for A/V Use: _____

Phone Number: _____

Activities scheduled in the Fellowship Hall, 1105 (Choir Room), and 148 (Back Door) must designate someone to be trained and responsible for A/V support in these rooms. The applicant is responsible for contacting the Media Department.

Approved By Business Manager: _____ Date Approved: _____

Copies To: _____