

Moorpark Presbyterian Church

Physical Address: 13950 Peach Hill Rd., Moorpark, CA 93021
Mailing Address: P.O. Box 1007, Moorpark, CA 93020-1007
Office Phone: 805-529-8422 **Office Fax:** 805-529-2790

Facilities Reservation Form

Event Date:	Expected Attendance:
Sponsoring Organization:	
Contact Information	
Name:	Home Phone:
Address:	Cell Phone:
City, State, ZIP:	Email:
Event Information	
Name:	
Purpose:	
Start Time:	End Time:
Amount of set-up time needed:	
Room(s) requested	1 st Choice:
	2 nd Choice:
Technical Equipment Setup	
<i>Check those items that will be needed for this event:</i>	
<input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> VCR	<input type="checkbox"/> Sound System
<input type="checkbox"/> Projection Screen	<input type="checkbox"/> CD Player
<input type="checkbox"/> Multimedia Projector	<input type="checkbox"/> Other
Microphones: <input type="checkbox"/> Wireless, in stand How many? _____ <input type="checkbox"/> Lapel microphone How many? _____	
Special Setup - Please describe any special setup you require.	
Director of Worship Initials: _____ Date: _____	
Other Facility Setup Information	
<i>Check those items that will be needed for this event:</i>	
<input type="checkbox"/> Rectangular Tables, 30 x 96 How many? _____	<input type="checkbox"/> Chairs How many? _____
<input type="checkbox"/> Circular Tables, 58" diameter How many? _____	
Special Setup – Please describe any special setup you require.	
Facilities Manager Initials: _____ Date: _____	

I/We have read and do accept the Building Use Policy of Moorpark Presbyterian Church, Moorpark, CA and will abide by its requirements. I/We understand that in case of damage, I/we will forfeit the security deposit and be held responsible for any and all expenses incurred by Moorpark Presbyterian Church to correct and repair the damage over and above the amount of the security deposit.

Signature	Date:
Signature	Date:

<i>This section to be completed by the Moorpark Presbyterian Church Staff.</i>			
Date entered on the church calendar	By:		
Pastoral consent on content and use of facilities	By:		
Room fee	Fee:		
Kitchen fee	Fee:		
	Payment Received:	Date:	Check #
Proof of Liability Coverage			
Security Deposit			
Balance Due: must be paid in full 2 weeks prior to event			
Cleaning and Repair Deposit			
	Payment Returned:	Date:	Check #
Security Deposit Refunded:			
Cleaning and Repair Deposit Returned/Refunded:			