

Highland Church – Subash Cherian, Senior Pastor  
160-20 Highland Avenue, Jamaica NY 11432  
(718) 297-7475 / Fax (718) 297-8653  
Email: [grolan@highlandavenuechurch.org](mailto:grolan@highlandavenuechurch.org) & [tsidial@highlandavenuechurch.org](mailto:tsidial@highlandavenuechurch.org)

## FACILITY REQUEST FORM

(Please return to Ministry Liaison at the church office or fax to 718-297-8653)

*Note: All Saturday events are to end by 3:00 PM. Beginning and ending times must include all anticipated setup and cleanup times.*

Today's Date: \_\_\_\_\_

Person submitting Request: \_\_\_\_\_

Home No: \_\_ ( ) \_\_\_\_\_ Cell : \_\_ ( ) \_\_\_\_\_

E-Mail Address:  
\_\_\_\_\_

List Ministries Involved (At least three), Please indicate their responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVENT NAME: \_\_\_\_\_

GUEST SPEAKER NAME: \_\_\_\_\_

PROJECTED ATTENDANCE? \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will you need Nursery Care? \_\_\_\_\_ No \_\_\_\_\_ Yes How many Children? \_\_\_\_\_

Will you need your event to be publicized?

Where: Bulletin \_\_\_\_\_, E-Board \_\_\_\_\_, Newsletter \_\_\_\_\_,

Dates to be publicized: \_\_\_\_\_

**PLEASE NOTE:** All facility Request Forms must be handed in **4 months** in advance.  
Only check what applies to your event.

Is there a **Donation** or **Ticket** required for entry? ( ) Yes ( ) No Donation \$ \_\_\_\_\_

Are there any other fees associated with this event? ( ) Yes ( ) No

( ) **IF YES** to any of these, please fill out the **PROJECT PLANNING WORKSHEET** and submit it along with **any contracts needed for your event**.

If your event's budget is **\$500 or more**, your event **MUST GO BEFORE THE BOARD OF TRUSTEES FOR APPROVAL**.

**ROOM REQUEST? CHECK ALL THAT APPLY**

**Note:** Please note, your event **can not** take place in both the Fellowship Hall and the Chapel, you must choose one.

\_\_\_\_\_ Kitchen circle all that apply: Food Preparation – Food Storing – Utensil Supplies

\_\_\_\_\_ Fellowship Hall (Note: Sound system use requires a Highland Church staff)

Equipment available:

- 1 microphone
- Cassette Player
- 2 speakers

\_\_\_\_\_ Chapel (Note: Sound system use requires a Highland Church technical personnel)

\_\_\_\_\_ Sanctuary (Note: Sound system use requires a Highland Church technical personnel)

\_\_\_\_\_ Class Room Number (s)

Old Building - Room No. (s) \_\_\_\_\_

New Building – Room No. (s) \_\_\_\_\_

\_\_\_\_\_ New Building Lobby

Purpose? \_\_\_\_\_

\_\_\_\_\_ Will there be any rehearsal(s)? Date(s) and Time \_\_\_\_\_

**Additional Requests:**

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**PROVISIONS NEEDED FOR THIS FUNCTION?**

\_\_\_\_\_ Advertised Event – Open to the Congregation and General Public

\_\_\_\_\_ Private Event – Limited only to your Ministry

\_\_\_\_\_ Tables # of: \_\_\_\_\_

\_\_\_\_\_ Chairs # of: \_\_\_\_\_

\_\_\_\_\_ Lighting Technician

*Specify* \_\_\_\_\_

\_\_\_\_\_ Additional Parking Arrangements

*Specify* \_\_\_\_\_

\_\_\_\_\_ Van(s) # of: \_\_\_\_\_

\_\_\_\_\_ Approved Van Driver Name? \_\_\_\_\_

\_\_\_\_\_ Security by Highland Church Volunteers

**MEDIA DEPARTMENT REQUEST**

**NOTE:** All materials i.e. photos, power point, videos, etc. Must be submitted **2 months in advance.**

\_\_\_\_\_ Video Screen projection \_\_\_\_\_ Power Point, \_\_\_\_\_ VCR/DVD, \_\_\_\_\_ Internet Display

\_\_\_\_\_ Internet Calendar

\_\_\_\_\_ E-Board Announcement

**Media approval depends upon the availability of volunteers and /or equipment.**

Approved by Media Dept. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Declined by Media Dept. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**SOUND DEPARTMENT REQUEST**

\_\_\_\_\_ Audio Recording

\_\_\_\_\_ Sound System (for outreach programs)

\_\_\_\_\_ Mic(s) # of: \_\_\_\_\_

\_\_\_\_\_ Portable Sound System (for outreach events)

**Other Special Instructions / Requirements of information:**

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Approved by Sound Dept. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Declined by Sound Dept. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**IS ASSISTANCE NEEDED FROM THE PASTOR'S OR MINISTER'S**

Please include a brief description of duties for the Pastor or Minister on day of event:

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**IMPORTANT NOTE:**

- I fully understand that this application does not confirm any request until it has been signed, dated and approved by the **SENIOR PASTOR** or **THE BOARD OF TRUSTEES**. If my event budget is \$500.00 and over it must also be approved by the Board of Trustees.
- I understand and agree to all items and terms as outlined in the **“Facility Request Form”**.
- Requests will be placed on the Event Calendar after event is approved, by the Senior Pastor or The Board of Trustees, **NOT** from verbal requests.
- The Ministry Liaison will call me and inform me if my application is approved/disapproved.
- Please be aware that filling out this form does **NOT GUARANTEE YOUR REQUEST**.

Name of Applicant (PRINT) \_\_\_\_\_ Ministry: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Senior Pastor \_\_\_\_\_ Date: \_\_\_\_\_