

Space Request Form

Shiloh Baptist Church
629 S. Pershing Ave.
York, PA 17401
(717) 854-2547 Fax (717) 854-0485

PLEASE SUBMIT 14 DAYS IN ADVANCE OF REQUESTED DATE

Today's Date: _____ Ministry Individual: _____

Type of Activity (*Meeting Fellowship etc.*) _____

One Time Event Date: _____
(Please include all time needed for setup and cleanup)

Preparation/Event time: _____ Event End Time/Cleanup: _____

Reoccurring Event: _____ (*ex. every other week, monthly*)
Start Date: _____ End Date: _____
(Please include all time needed for setup and cleanup)

Preparation/Event Start Time: _____ Event End Time/Cleanup: _____

**All activities are to be scheduled between the hours of 8:30 a.m. – 9:00 p.m. Monday through Friday and between 9:00 am and 3:00 pm Saturday*

Room(s) requested (check the spaces needed): South Side West Side

Classroom A Classroom B Lounge
 Issachar Fellowship Hall Sanctuary
 Benjamin Judah Dan Joseph Gad Levi Esther

Equipment needed and indicate quantity (please check):

Tables Chairs Mic Podium Television
 VCR Overhead Projector Easel Dry Erase Board
 Other _____ Number of People Attending _____

Room Setup

Square Circle Oblong Staggered
 Chairs Only Table & Chairs Other

**Special instructions and/or variations to Standard Setups should be submitted on a separate sheet with detailed instructions and a sketch/drawing. If special instructions do not accompany request, a standard setup will be used.*

Ministry Division Leader Approval: _____

Contact Person: _____ Contact Phone Number _____

Signature of person responsible: _____

By signing above you agree to complete reasonable cleanup of the area used. Failure to do so will result in future space requests being denied.