



First Fairhope

Request for Facilities

Date Submitted: _____

Activity, Event or Request: _____

Person making request _____ **Phone:** _____

Email address: _____

Date of Activity _____ Expected Attendance at activity _____

Event Time: _____ to _____ Room Access (Beginning and ending): _____ - _____

Room Location/Number _____

Does your event require communication through First Fairhope avenues? If so, schedule a meeting or call
To the Communications Director at: 251.415.4356.

If Off Campus: _____ Phone _____

Facilities & Equipment Needed (Rooms, chairs, tables, audio, media equip. etc.):

Church Vehicle? yes no *If yes, complete the appropriate Vehicle Use Form with the Children's Ministry Assistant.*

Food Needs: _____

Kitchen Supplies (Paper products/covers, etc.) _____

Child Care (List the number of children by ages): ____ 1 year & below ____ 2 & 3 years ____ 4 & 5 years ____ Grades 1-3

[Staff submit this information to preschool director]

DIAGRAM SPECIAL ROOM ARRANGEMENTS BELOW

Approved by _____ Date approved _____ Charge to _____

To be returned by _____

Request is subject to church calendar availability
RETURN ALL COPIES TO CHURCH OFFICE or email to bshaw@firstfairhope.org