

ARC
Restoration Church
Event Request Form

Organizer Name: _____

Organizer Email: _____

Organizer Phone Number: _____

Organizer Address, City, State, Zip _____

Provide a brief description of your event:

Requested Date: _____

Event Start Time (Including Set Up Time): _____

Event End Time: (Including Clean Up Time): _____

Are you going to need to use our tables & chairs? _____

If yes, how many 6' Rectangular tables?(We have 6) _____

If yes, how many folding chairs? _____

Will you be needing to use the SmartTV? _____

Will there be a cost charged to attendees to participate in this event _____

If yes, please provide details: _____

Estimated Number of Guests: _____

By submitting this request form for review, the organizer agrees to the guidelines outlined for the ARC.

Your request will be reviewed and responded to by email as quickly as we can.