

ST. PAUL A.M.E. CHURCH CHRISTIAN LIFE CENTER  
85 BISHOP ALLEN DRIVE  
CAMBRIDGE, MA 02139  
(617) 661-1110

**SPACE REQUEST FORM**

Date(s) of Event: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Pager / Cell: \_\_\_\_\_ (Fax) \_\_\_\_\_

Representing: Self \_\_\_\_\_ Group \_\_\_\_\_ Group Name: \_\_\_\_\_

**Type of Activity** (Circle): Breakfast Brunch Luncheon Banquet Dinner Dance

Reception Conference Meeting Worship Service Other: \_\_\_\_\_

Scheduled Time of Activity: From \_\_\_\_\_ a.m. / p.m. To: \_\_\_\_\_ a.m. / pm

Location Requested: Auditorium \_\_\_\_\_ Classroom(s) \_\_\_\_\_ Conference \_\_\_\_\_

Chapel \_\_\_\_\_ Counsel Room \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

**TYPES OF SERVICES NEEDED**

\_\_\_\_ CUSTODIAL SERVICES

SET- UP STYLE DESIRED

\_\_\_ SET-UP

\_\_\_ HORSESHOE

\_\_\_ SEMICIRCLE

\_\_\_ BREAK DOWN

\_\_\_ THEATER

\_\_\_ SQUARE

\_\_\_ CHAIRS

\_\_\_ CIRCLE

\_\_\_ OTHER

\_\_\_ TABLES

\_\_\_\_ COMMUNICATIONS EQUIPMENT

\_\_\_\_ KITCHEN SERVICES REQUIRED

\_\_\_ AUDIO

\_\_\_ WARM-UP

\_\_\_ FLIP CHART ◆

\_\_\_ COOKING ◆

\_\_\_ OVERHEAD ◆

\_\_\_ STEAM TABLE

\_\_\_ TV / VCR ◆

◆ FEE REQUIRED

OTHER INFO: \_\_\_\_\_

DISTRIBUTION: WHITE - FACILITIES MANAGER PINK- REQUESTER YELLOW- CUSTODIAN