

Christian Community Church North
Room & Resource Request
Phone: 538-1050 Fax: 538-0773

Please use one (1) form per request. Completing a form does NOT guarantee you will receive the space you request. Please refer to Room & Resource Request Guidelines on the back of this form. For ongoing meetings, a new form must be resubmitted every six (6) months. No meeting will be scheduled during holidays when facilities are closed, unless specially requested. Unless special arrangements are made with our Building Coordinator (*fee involved*), all set-up and tear-down are your responsibility.

Name: _____ Today's Date: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone Home: _____ Work: _____ Cell: _____
Email: _____
Are you a CCCN member/attendee? _____

Name and Type of Event: _____
Event Date(s): _____ # of Guests: _____
Start Time: _____ (including set up) End Time: _____ (including tear down)

For Recurring Events (*weekly, monthly, etc.*) Day of the Week _____
Week of the Month _____

Note: Please list specific dates you are not meeting _____

Room Request: (*subject to availability of room*)

___ The Well (*Chapel*) ___ Foyer ___ Prayer Room
___ Nursery ___ Worship Center ___ Kitchen
___ Joyland Worship Room ___ Other: _____

Do you have special equipment needs: (**cost involved for sound booth operator*)

___ Audio Recording ___ Overhead Projector ___ TV/DVD
___ Projection Screen ___ Microphone (*hand held*) ___ CD
___ Baby Grand Piano ___ TV/VCR ___ Other: _____

Kitchen facilities: (**cost involved*)

___ Tablecloths ___ Microwave ___ Refrigerator/Freezer
___ Oven ___ Coffee Pot ___ Other: _____
___ *Hire Café Staff ___ China dishes/glasses

***Support Personnel: (cost per service)**

___ Sound Technician (\$50) ___ Musicians (*TBD*)
___ Childcare (\$25.00 for the first 2 hours & \$12.50 each additional hour/per person)
___ Building Coordinator (*secure facility, set up refreshments, clean-up \$12.50 hr.*)
___ Café Staff (\$25 per hour)

Requests for weddings, funeral scheduling or special events, please call Miriam Nodzo for arrangements, request forms and fee information at 538-1050.

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We thank the Lord for this beautiful facility and the opportunity to share it with those doing His work. Please take a moment to review the Room & Resource Request Guidelines. Adherence to these guidelines results in more accurately meeting your needs.

CCCN Room & Resource Request Guidelines

1. Requests cannot be taken by phone. All rooms must be schedule by completing this *Room & Resource Request Form*. Return completed form to Miriam Nodzo, Office Administrator or mail at 5586 Olentangy River Road, Columbus, OH 43235.
2. *CCCN* ministry programs will be given priority over outside groups.
3. *CCCN* ministries must schedule rooms at least one (1) week in advance. Rooms requested with less than 48 hours advance notice will be considered, but cannot always be fulfilled.
4. Nursery facilities may be used only when supervised by *CCCN* approved staff. A fee will be required (**see support personal on the front side of this form for fee*).
5. Please observe the meeting time you scheduled so that others may use the room during their scheduled time.
6. Please leave the room in clean condition and returned to the condition it was found for the next group using it (*please refer to the room floor plan*).
7. Requests for ongoing events/meetings (*weekly, monthly, etc.*) must be submitted every six (6) months.
8. Unless you hire a *Building Coordinator*, it is the responsibility of the ministry/group to set-up and tear-down.
9. No alcoholic beverages allowed on-grounds.
10. Paper products, plastic ware, decorations, food and drinks are the responsibility of the group/renter.

For CCCN Office Use Only:

Amount of Deposit/fee: _____ Date: _____

Check #: _____ Received By: _____

Approved By: _____ Date: _____

Room Assignment: _____

Person responsible for opening building: _____

Person responsible for closing building: _____

NOTES: _____

