



Meeting Room Reservation Request Form

Member Name: _____ Bridge Group _____

Email: _____ Phone: _____

Activity: _____ # of People Expected: _____

Date(s) of event: _____

Start Time: _____
(include set-up time)

End Time: _____
(include clean-up time)

Room Requested

____ Gathering Place ____ Starting Pointe Room ____ Upstairs Classroom
____ Conference Room ____ Gym Classroom
____ Common Grounds Café ____ Big Kitchen Café ____ The Calm Room

All requests will be subject to approval and available resources. Please provide notification of any changes as soon as possible. By signing below, I agree to leave the room(s) in a clean and orderly condition and return all furniture and supplies to their designated areas. I realize I may forfeit future use of the facility by not abiding by these procedures. Please contact Crystal Consonery by phone (404) 395-9374 or email crystalc@bridgepointe.life.

Signature

Print Name

Date Submitted

FOR INTERNAL USE ONLY

Date Received: _____ Approval/Disapproval Date: _____ Date Notified: _____

Sound Staff Approval: _____ A/V Staff Approval _____ Facility Staff: _____ Security _____