

Facilities Confirmation Form

Name of Event: _____

Date of Event: _____

Time of Event (Start & End Time): _____

Date of Setup: _____

Time of Setup: _____

Church / Organization Responsible: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Date Submitted: _____

Estimate Number People in Attendance: _____

Equipment Needed:

- Stool
- Flip Chart
- Podium
- Flip Chart / Drawing Board

Audio / Video:

- Data Projector & Screen
- Handheld Mic
- Lapel (Wireless) Mic
- DVD or CD Via Equipment Room

Will Kitchen Be Used?

- Yes
- No

Computer Connection Requested:

- PC
- Mac
- None

Name of Caterer: _____

** Please Note: **

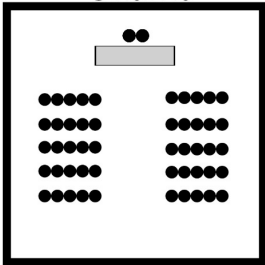
Kool-Aid and colored punch are not permitted in the conference facility. LBA is not responsible for the catering service used.

Person Completing Form: _____

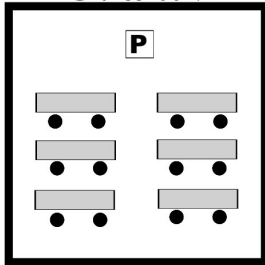
Conference Room Set-Up

(Please Circle Your Preference)

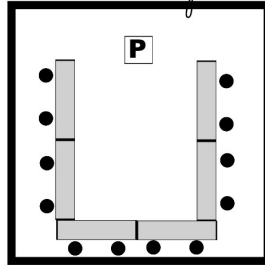
Theatre



Classroom



U-Shape

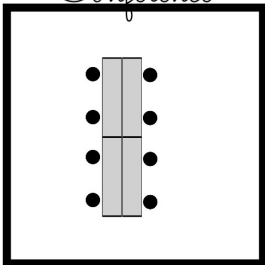


KEY:

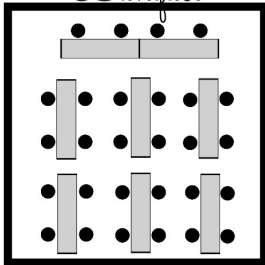
Chair: ● Long Table:

Podium: Round Table:

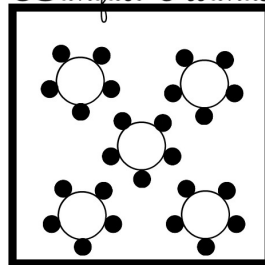
Conference



Banquet



Banquet Rounds



For LBA Office Use Only

- Cam Room
- Leadership Center
- Small Conference Room
- Large Conference Room
- Full Conference Room

- Approved
- Not Approved