



3940 Martin Luther King Jr. Drive
Cleveland, Ohio 44105
Tel: (216) 341.1132 | Fax: (216) 341.9864
Email: office@bethanychristianchurch-doc.org
Reverend Dr. R. E. Hedgeman, Senior Pastor
www.bethanychristianchurch-doc.org

Room Scheduling and Setup Form

(Must be completed and returned to the office **two weeks** prior to the event.)

Funeral Exception: Form must be returned **48 hours** prior to the service.

Date of Request: _____ No. of Attendees: _____

Date of Meeting: _____ Time: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

LOCATION OF EVENT: _____ Classroom Location: _____

(Note: you may be assigned a room based on the number of people expected to attend.)

Please describe desired setup:

No. of tables needed: _____ No. of chairs needed: _____

What type of media needs will you have? (i.e. – video, projector, sound system etc.)

(*Please be sure to also complete a Multimedia Technical Needs Form if necessary.*)

****Please provide diagram of setup. If submitting a paper request, please provide setup diagram on back of this sheet.****

Bethany Christian Church Administrative Use Only

Request Status:

Confirmation

Denial

You are confirmed for the following room location:

Your request cannot be approved.

(See comments below)

Signature: _____

Signature: _____

Date: _____

Date: _____

Comments: