



Table and Equipment Request Form

Return this form to the Shiloh Ministry Office at least **one week prior to the date requested**. Please see the Policy & Procedures Manual or contact the Ministry Office for more information.

EVENT DAY(S) OF WEEK: _____ EVENT DATE(S): _____

CONTACT INFORMATION

Today's Date: _____ Contact Person*: _____

Contact Telephone: _____ Email: _____

Ministry Representing: _____

***The contact person is that person with whom the SCM staff will work**

Please note the following:

A. This request is not confirmed until the Table and Equipment Request Form is approved and signed. A copy of your request will be placed in the appropriate Shiloh Mail box after review, upon request. The ministry office will contact you, via email, regarding the status of your request.

B. **ALL REQUESTS ARE SUBJECT TO CHANGE. (PLEASE HAVE APPROVAL OF YOUR REQUEST PRIOR TO SCHEDULING PLANS.)**

ONSITE EQUIPMENT AND/OR TABLE REQUEST

Onsite Requests (available onsite only): Tables# _____ Tablecloth# _____ Chairs# _____

Dry Erase Board/Markers: yes or no Easel: yes or no # of Easels _____ Lobby Table _____

Other: _____

OFFSITE EQUIPMENT AND/OR TABLE REQUEST

Offsite Requests: Tables# _____ Tablecloth# _____ Other: _____

Location Information: _____

Will return no later than: _____

Purpose of Request: _____

Submitted by: _____ Ministry Head Signature: _____

FOR OFFICE USE

_____ Y N
Dates Available (Administrative Assistant)

_____ (NAME) _____ Date

REQUEST STATUS

SCHEDULED

SCHEDULED WITH CHANGES

UNABLE TO SCHEDULE

_____ ADMINISTRATIVE DIRECTOR SIGNATURE

_____ DATE

Notes:

