



Room Reservation Request Form

Wildwood Presbyterian Church

18630 W. Old Gages Lake Rd., Grayslake, IL 60030

p: 847-223-0073 f:847-223-3182 www.wildwoodpc.net

Office Manager E-mail - officemanager@wildwoodpc.net

Event/Activity Name: _____ Today's Date: _____

Contact Person: _____

Phone Numbers: _____

E-mail Address: _____

Date(s): _____ End Date: _____

Day(s) of the Week: ___Sun. ___Mon. ___Tues. ___Wed. ___Thur. ___Fri. ___Sat.

Start Time: _____ End Time: _____ Occurrence(s): _____ Single Event

Repeat Occurrences: _____ Daily _____ Weekly _____ Monthly _____ Annually _____ Other

Exceptions: _____

How many people are expected to attend? _____

Copy of Insurance Certificate Needed? Yes/No – If Yes - Please attach copy to this form

Room(s) Requesting:

<input type="checkbox"/> Fellowship Hall {#52}	<input type="checkbox"/> BoKirk Library {#50}	<input type="checkbox"/> Sanctuary
<input type="checkbox"/> Gym {#60}	<input type="checkbox"/> Kitchen	<input type="checkbox"/> The Barn (choir room) {#45}
<input type="checkbox"/> Beach House {#44}	<input type="checkbox"/> Art Room {#35}	<input type="checkbox"/> Cinema{#34}
<input type="checkbox"/> Computer Room{#33}	<input type="checkbox"/> Drama Room {#32}	<input type="checkbox"/> High School Room{#40}
<input type="checkbox"/> Middle School Room (6){#41}	<input type="checkbox"/> Middle School Room (7){#42}	<input type="checkbox"/> Middle School Room (8) {#43}
<input type="checkbox"/> The Lighthouse{#30}	<input type="checkbox"/> The Kingdom {#20}	<input type="checkbox"/> Noah's Ark {#23}
<input type="checkbox"/> God's Garden Nursery {#24}	<input type="checkbox"/> Tiny Treasures Preschool {#21}	
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Outside – Where ? _____	

Or Meeting Offsite Location: _____

What Equipment is needed? _____ # of Chairs _____ # of Tables: Round or Rectangle ?

_____ White Board _____ TV/VCR/DVD _____ Screen _____ Other _____

Any A/V Support or Equipment Needed? Yes / No

If Yes – Is an A/V Tech Needed? Yes or No If yes, who _____

Special Instructions:

For Office Use Only:

Date Approved: _____ or Date Disapproved: _____ Reason _____

Total Fee \$ Amount Due _____ Deposit _____ Date Insurance Certificate Rec'd _____

Persons/Groups needed for approval by: Office Manager / Session / Pastor or Other: _____

WPC Representative to supervise event Needed? Yes/No If yes, who _____

Input on : _____ Public Calendar _____ Staff Only Calendar