

# GUIDELINES FOR USE

**THIS IS NOT FOR WEDDING OR BRIDAL SHOWERS. FOR THOSE ARRANGEMENTS CONTACT THE CHURCH OFFICE AT 817-336-2687**

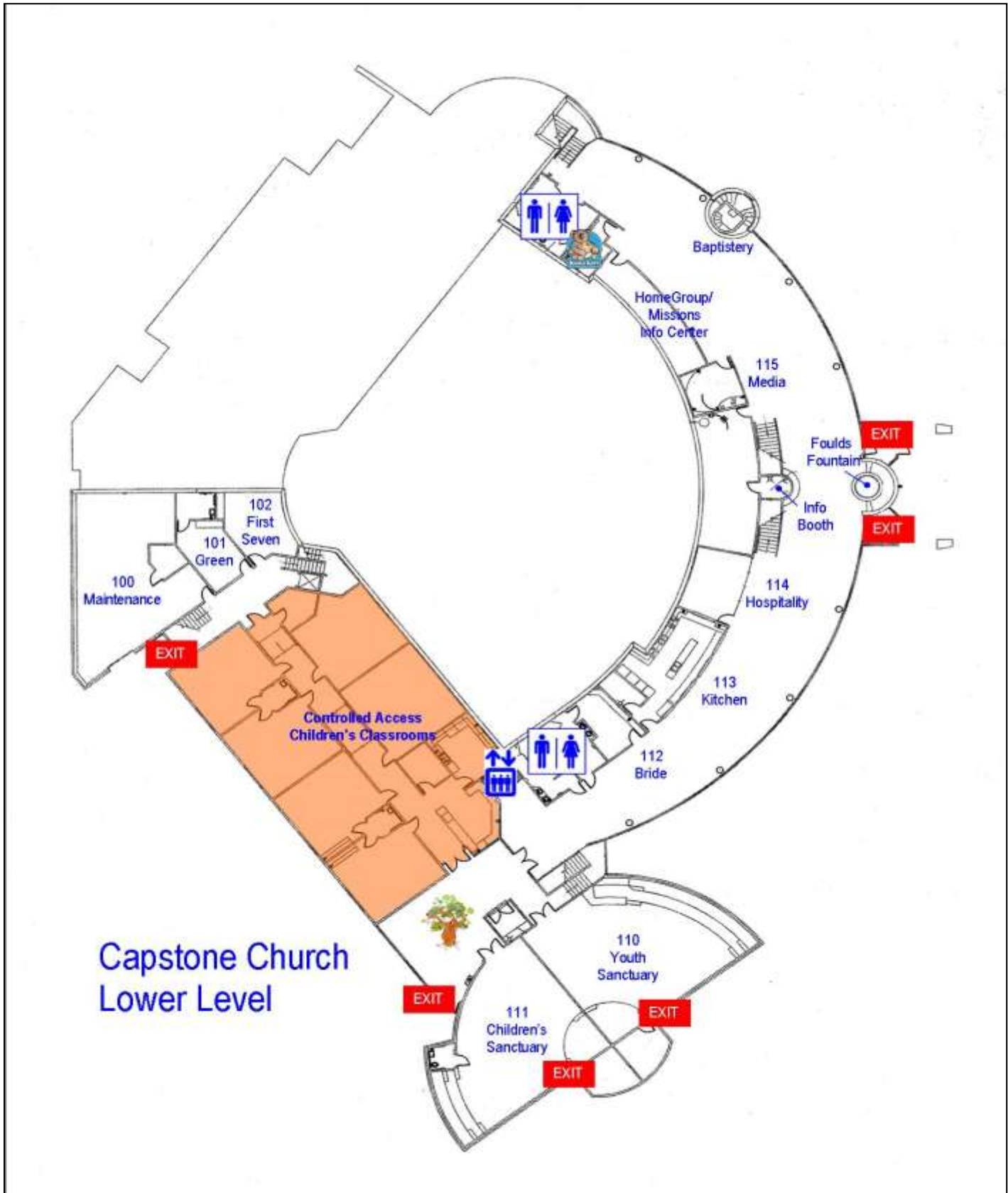
- 1 Submit a completed Room Reservation to Chandra Burns. It will be presented at Staff Meeting for final approval. Allow a minimum of two weeks prior to your event date for approval. Room Reservations are accepted up to one year in advance. We suggest a follow up call after you have sent an email or fax as we are not responsible for faxes or emails that never came through.  
Capstone fax # (817) 338-0164, Phone # (817) 336-2687, email addresses cburns@thecapstone.org.
- 2 If your event necessitates a key to the church building, contact Jim Aaron at (817) 297-7995.  
**KEY DEPOSIT** of \$ 50.00 is due at the time of key pick-up. We cannot "hold" a check but it will be refunded on the next billing cycle once the key is returned.
- 3 **PAPER GOODS**. Paper goods are provided when the event is at the church **and** it is a church related ministry, except for Home Groups.
- 4 **SET UP/TEAR DOWN**. It is your responsibility to set-up and tear down your reserved area(s).
- 5 **ROOM RESERVATION**.  
Your reserved area should be found clean, vacuumed, trash receptacles with liners, and requested resources in the reserved area(s). The area(s) should be left in the same manner as received immediately after your Event.  
**You take full responsibility, upon submission of your Room Reservation(s), to ensure the clean-up of your reserved area(s). All other rooms and areas of the church building are restricted areas.**  
Contact the Facilities Manager at (817) 336-2687 if the reserved area is in need of cleaning or repair.
- 6 **TABLE RESERVATIONS** (For example: Sign-Ups, Registration, Promos) It is your responsibility to decorate your table. We are not responsible for any personal decorations lost or not retrieved by you at the end of your reservation.
- 7 **LENT FOR TEMPORARY USE**. After approval, items to be picked up and returned should be arranged with a church employee at 817-336-2687.
- 8 **CHILDCARE**.  
**All children (up to 17 yrs.old) are to remain with you at all times** . If you are providing childcare for your event, adult supervision and a room reservation will need to be completed for that express purpose.  
**All other rooms and areas of the church building are restricted areas.**

By signing below, I have read and understand all of the above. There are no verbal agreements or changes between any person(s) involved. Any changes will be submitted in written form.

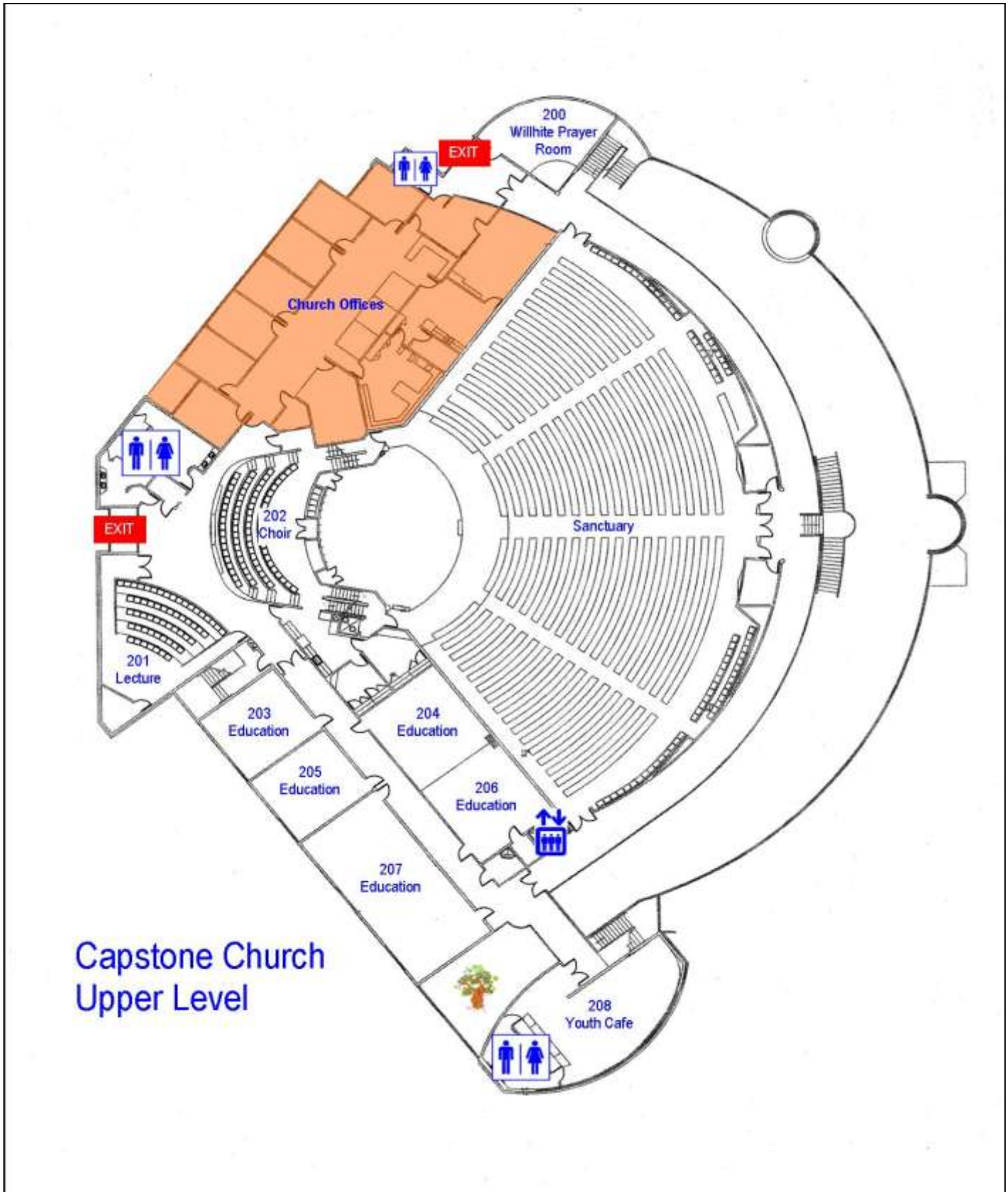
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Signature and Date

# CAPSTONE FLOOR PLAN



# CAPSTONE FLOOR PLAN



# ROOM RESERVATION REQUEST

**You have read the guidelines and take full responsibility of same, upon your submission of this form.**

Ministry/Group/Event: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

Contact 1 Name: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**By signing, Contact 1 accepts full responsibility of all items and/or rooms to be returned in good repair:**

Date Submitted: \_\_\_\_\_  
 \_\_\_\_\_  
**Contact 1 Original Signature**

Contact 2	Contact 3 (if applicable)
Name: _____	_____
Phone: _____	_____
Email: _____	_____

**Room or Area Requested:** \_\_\_\_\_  
**We reserve the right to make room changes to your reservation based upon availability and size of meeting.**

DATE Please include day of week(M T W Th F Sa Su)	RESERVE TIME Please include AM or PM

**Resources/Quantity: Please list all items needed: tables(quantity), chairs(quantity), video and sound**  
**None will be set up unless previously told prior to the date of event.**

Tables, 6ft or 8ft. how many? **Circle One** Video: \_\_\_\_\_  
 Chairs, How many? Sound: \_\_\_\_\_

**OFFICE USE:**

1. Elder approved and brought to Staff for calendar update: _____ Signature & Date	2. Approved copy given to Facilities Elder/Manager: _____ Date & Initials
3. Added to Master Calendar: _____ Date & Initials	4. Approved copy given to Contact 1 : _____ Date & Initials

# LENT FOR TEMPORARY USE

**You take full responsibility of all borrowed items upon your submission of this form.**

Ministry/Group/Event: \_\_\_\_\_

Borrower 1 Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**By signing, Borrower 1 accepts full responsibility of all items to be returned in good condition:**

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
**Borrower 1 Original Signature**

## **Church Employee Coordinating This Loan**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **If Applicable, Contact 2 (Borrower):**

## **Pick-up and Return Arrangement**

Event Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_ Time (am or pm): \_\_\_\_\_

Location Of Pick Up: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time (am or pm): \_\_\_\_\_

Location Of Return: (If different from pick-up) \_\_\_\_\_

## **List of Resources/Quantity Borrowed**

Tables: # \_\_\_\_\_ Ice Chests: # \_\_\_\_\_

Chairs: # \_\_\_\_\_

### **OFFICE USE:**

\_\_\_\_\_  
Signature & Date of Church Employee Coordinating

\_\_\_\_\_  
Signature & Date of Elder Approval

Approved Copy Given to Borrower (Date): \_\_\_\_\_

### **INSPECTION OF ITEMS RETURNED**

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Church Employee/Date

# TABLE RESERVATION

**You assume full responsibility of decorating and retrieving your items off the table**

Date Submitted: \_\_\_\_\_ By: \_\_\_\_\_

**Event or Ministry requesting table:** \_\_\_\_\_

What size (length) and how many **Tables** and are you requesting:  
\_\_\_\_\_  
\_\_\_\_\_

**Area Requested:** \_\_\_\_\_

**We reserve the right to make changes to your reservation based upon availability and space needed.**

Name(s) and contact info (cell/email/home#) of person(s) requesting table:  
\_\_\_\_\_  
\_\_\_\_\_

## **Table Reservation DATE/TIME**

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reserve Time: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
*(Please include A.M. or PM)* *(Please include A.M. or PM)*

Additional Comments, if needed:

## **OFFICE USE**

Added to Master Calendar: \_\_\_\_\_  
Date/Initials

Approved by Elder: \_\_\_\_\_  
Date/Initials

Copy given to Facility Manager: \_\_\_\_\_  
Date/Initials

# VEHICLE (VAN) RESERVATION

**You assume full responsibility of the vehicle while in your possession.**

Date Submitted: \_\_\_\_\_ By: \_\_\_\_\_

How many **Vans** are you requesting: \_\_\_\_\_

Name and contact info (cell/email/home#) of Certified Driver(s): \_\_\_\_\_

Ministry Group (if applicable) and/or Destination: \_\_\_\_\_

## Vehicle Reservation

Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Reserve Time: From: \_\_\_\_\_ To: \_\_\_\_\_  
*(Please include AM or PM)* *(Please include AM or PM)*

**By signing, you accept full responsibility of returning the vehicle cleaned out on the inside .**

\_\_\_\_\_  
Signature of Person Responsible

### OFFICE USE

Van License #(s): \_\_\_\_\_ Added to Master Calendar: \_\_\_\_\_  
Date/Initials

\_\_\_\_\_  
Keys out \_\_\_\_\_

\_\_\_\_\_  
Facilities Manager approved and contacted Recipient

\_\_\_\_\_  
Vehicle returned without any needed repairs or cleaning

\_\_\_\_\_  
Keys returned

### VEHICLE INSPECTION

Inside Comments: \_\_\_\_\_

Outside Comments: \_\_\_\_\_

\_\_\_\_\_  
Facility Coordinator Signature/Date

# VIDEO ANNOUNCEMENT GUIDELINES

## Video Announcements

Due to the amount of ministries at Capstone Church, announcements can become obligations that exceed advantages. So, they are prepared ahead of time to be most effective.

An announcement made from the pulpit regarding a church sponsored event, needs prior approval. Please submit your request in writing to the Elder/Pastor over your ministry, 2 weeks ahead of time.

# COMMENTS

We would like your input with regard to your event.

*If it ran smoothly or not. What we can do to make it better?*

A large, empty rectangular box with a thin black border, intended for the user to provide their comments. The box is currently blank.