

ST. PAUL A.M.E. CHURCH CHRISTIAN LIFE CENTER  
85 BISHOP ALLEN DRIVE  
CAMBRIDGE, MA 02139  
(617) 661-1110

**SPACE REQUEST FORM**

Date(s) of Event: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Pager / Cell: \_\_\_\_\_ (Fax) \_\_\_\_\_ E-Address \_\_\_\_\_

Representing: Self \_\_\_\_\_ Group \_\_\_\_\_ Group Name: \_\_\_\_\_

**Type of Activity (Please Check):** Breakfast \_\_\_\_\_ Brunch \_\_\_\_\_ Luncheon \_\_\_\_\_ Banquet \_\_\_\_\_ Dinner \_\_\_\_\_  
Dance \_\_\_\_\_ Reception \_\_\_\_\_ Conference \_\_\_\_\_ Meeting \_\_\_\_\_ Worship Service \_\_\_\_\_  
Other: \_\_\_\_\_

Scheduled Time of Activity: From \_\_\_\_\_ a.m. / p.m. To: \_\_\_\_\_ a.m. / pm

Location Requested: Auditorium \_\_\_\_\_ Classroom(s) \_\_\_\_\_ Conference \_\_\_\_\_

Chapel \_\_\_\_\_ Counsel Room \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

**TYPES OF SERVICES NEEDED**

\_\_\_\_ CUSTODIAL SERVICES

\_\_\_\_ SET-UP

\_\_\_\_ BREAK DOWN

\_\_\_\_ CHAIRS

\_\_\_\_ TABLES

SET- UP STYLE DESIRED

\_\_\_\_ HORSESHOE

\_\_\_\_ THEATER

\_\_\_\_ CIRCLE

\_\_\_\_ SEMICIRCLE

\_\_\_\_ SQUARE

\_\_\_\_ OTHER

\_\_\_\_ COMMUNICATIONS EQUIPMENT

\_\_\_\_ AUDIO

\_\_\_\_ FLIP CHART ◆

\_\_\_\_ OVERHEAD ◆

\_\_\_\_ TV / VCR ◆

\_\_\_\_ KITCHEN SERVICES REQUIRED

\_\_\_\_ WARM-UP

\_\_\_\_ COOKING ◆

\_\_\_\_ STEAM TABLE

◆ FEE REQUIRED

OTHER INFO: \_\_\_\_\_

**DISTRIBUTION: WHITE - FACILITIES MANAGER      PINK- REQUESTER      YELLOW CUSTODIAN**