

## C. R. Neal Dream Center Facility/ Event Request Form

Organization or Group \_\_\_\_\_

Type of Activity/ Event \_\_\_\_\_ Approximate Attendance at Event \_\_\_\_\_

Date of the Event \_\_\_\_\_ Time: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Location Requested \_\_\_\_\_

**Indicate equipment needed:** Check all that will be needed. Additional costs may apply to some items.

Audio Visual	Furniture	Other
Television 32" <input type="checkbox"/>	Tables: Number Needed _____ Type: Round _____ Rectangular _____	Security : <i>May require additional cost.</i>
LCD Projector <input type="checkbox"/>	Serving Cart <input type="checkbox"/>	Table Cloths Number needed:
Overhead Projector <input type="checkbox"/>	Steam Table <input type="checkbox"/>	Additional time for set-up
VCR <input type="checkbox"/>	Ice Coolers <input type="checkbox"/>	
Screen <input type="checkbox"/>	Easels <input type="checkbox"/>	
DVD/CD Player <input type="checkbox"/>	Podium <input type="checkbox"/>	
Copies .10 per copy <input type="checkbox"/>		
Extension Cord <input type="checkbox"/>		
Sound System: (additional Cost)		

**Food Service Needs:**

Is a nursery/child care room required? Yes  No  (*Scheduling of worker is the responsibility of the planner of the event*)

Instructions for custodial staff and other remarks:

**DIAGRAM SPECIAL ROOM ARRANGEMENTS ON ADDITIONAL SHEET.**

Requested By \_\_\_\_\_ Telephone # \_\_\_\_\_ Date Submitted \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Organization or Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**Dream Center Staff Only:**

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Discount if Applicable \_\_\_\_\_ Non Refundable Deposit Required: \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Total Rental Cost \_\_\_\_\_

## Instructions for completing the Facility/Event Request Form

This form is available on the Bible Way Community Development Corporation website [CDC@bwcar.org](mailto:CDC@bwcar.org)

This form is solely for the purpose of scheduling meetings and events at the C. R. Neal Dream Center.

1. Provide the name of the organization that is scheduling this event.
2. Indicate the type of activity or event. (i.e. wedding reception, training, meeting, luncheon)
3. Give an estimate of the number of people expected.
4. Indicate the date the event is to be held.
5. Provide a starting time. (Must be completed and will affect the rental cost)
6. Provide an ending time. (Must be provided and will affect the rental cost)
7. An assigned location will be provided in this box by the Dream Center staff.
8. Check every box that applies to items you will need and indicate the quantity needed. If items are not listed, they are to be indicated in the other column. (Be specific.)
9. If food will be served, indicate the type of foods. An appointment must be scheduled with the food service staff. (No outside food is allowed in the dining area unless authorized by the food service staff.)
10. Please indicate if space will be needed for child care services. This must be requested in advance for an additional cost. No other space will be provided for child care if not scheduled. Securing a child care worker is the responsibility of the group organizing the event. Children not attending the scheduled event will not be allowed to wander the hall of the campus or loiter in the corridors.
11. Please provide any special instructions that will be helpful to the custodial and maintenance staff.
12. A diagram of special set-up is required. Please sketch your diagram on a separate sheet of paper and attach it to this form.
13. The person making this request should sign this form. Also provide a contact number and indicate the date submitted.
14. Provide a fax number and email address for the person making this request. This information must be provided to receive an approved confirmation of the scheduled event.
15. Your complete address including city, state and zip code must be provided if a mailed confirmation is needed.
16. The form must be signed and dated by the person with authority to authorize payment on behalf of the organization for this event.
17. The completed form is to be submitted by fax or email to the C. R. Neal Dream Center a minimum of two weeks before the scheduled event.
18. All rental fees and/or deposits must be paid prior to the event or 10 days after receipt of a Dream Center invoice. Failure to pay fees in accordance with the established timeline will result in scheduled space being voided. *(Invoices are for state agency use only)*
19. Deposits are non-refundable.
20. A 48-hour notice is required on all cancellations. Failure to provide notification of cancellation will result in a \$25:00 administrative fee charge.
21. Submitting the request does not indicate approval for facility usage. A request for facility usage is approved when signed by the Dream Center Director or a staff designee. A confirmation of the approved request will be returned to the person making the request either by fax or email.

**Note: Please be careful and indicate all special accommodations that will be needed on this request form. Additional items will not be provided on the day of the event.**

Return this for to:  
C. R. Neal Dream Center  
Attention: Center Director  
Telephone 647-9111

Original-Requestor  
Director

Pink-Food Services

Yellow-Sound Technicians

Blue-DC