



## CITY TABERNACLE OF SEVENTH-DAY ADVENTISTS

560-62 West 150th Street / New York, New York 10031 / <http://www.citytabernaclesda.org>

### DEPARTMENTAL ROOM REQUEST FORM

Today's Date: \_\_\_\_\_

*Please complete all applicable fields.*

Name of Requestor: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Mobile Number: (         ) - \_\_\_\_\_ - \_\_\_\_\_

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

Room Requested:    AGAPE FELLOWSHIP HALL        AGAPE FELLOWSHIP HALL (KITCHEN)        MAIN SANCTUARY  
(Circle Options)    CONFERENCE ROOM                      CONFERENCE ROOM KITCHEN                YOUTH CHAPEL  
                            BANQUET HALL                              BANQUET HALL KITCHEN  
                            OTHER: \_\_\_\_\_

Do you require audio/visual support?     YES     NO    If "Yes", Notify AV at [audiovisual@citytabsda.org](mailto:audiovisual@citytabsda.org)

Reason for Request: \_\_\_\_\_

Requested Date & Time: \_\_\_\_\_                      Duration: \_\_\_\_\_

Submit this form to Ann Guy, Patrick Walcott, or email to [events@citytabsda.org](mailto:events@citytabsda.org)