FACILITY/EQUIPMENT REQUEST FORM

Harvest Church Ministry Center

2261 Commerce Ave. Suite A, Concord CA 94520

Date of Event:			
Event Time:	to	Set up/Break down Time:	to
Contact Person:			
Preferred Comm	unication Met	hod: (Choose one)	
□ Phone Call	\Box Text	□Email	
Number and/or en	nail address		
		provided for church/ministry event Director to better determine your specific no	•
Rooms Needed: (Please check all ti	hat apply)	
☐ Harvest Ministr	ry Center 🗆 (Office Lobby <i>Available for authoriz</i>	ed childcare only
Equipment Requ	ests: See invento	ry list for available items	