VENUE BOOKING REQUEST FORM



EVENT DETAILS	EVENT DETAILS		
EVENT NAME:			
DATE/S OF EVE	INT:		
TIME OF EVENT	:		
Which Venue an	d areas do you wish to use'	?	
WOODCROFT	VOGUE	ELIZABETH	GAWLER
□ Main Hall	☐ Main Hall	□ Main Hall	□ Main Hall
□ Atrium	☐ Function Centre	☐ Sunday School Area	☐ Kitchen
□ Kitchen	□ Vogue Kitchen	□ Kitchen	☐ Golf Course
□ Coffee Shop	□ Coffee Hub	□ Coffee Shop	
	☐ Coffee Shop		
EMAIL: PHONE: Please email this f	orm to <u>vogue@adelaidereviva</u>	l.com to check availability of the Ve	enue.
PASTORS APPR	OVAL		
FELLOWSHIP ACTIVITY			
APPROVAL:	YES	NO	
COMMENTS:			
PASTOR SIGNA	TURE:		
forms available at adelaiderevi	val.com/forms		
		oking Agreement 🗖 Signed Copy F p on Whiteboard 🗖 Add Event to (

 \square Send Invoice (if applicable) \square Receipt invoice \square File