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Today's Date: _____	Ministry/Organization: _____
Event Contact: _____	CTK Staff Liaison: _____
E-mail: _____	Event Title: _____
Phone: _____	Date(s): _____
Set-up Time Needed: _____	Event Start Time: _____
Take-down Time Needed: _____	Event End Time: _____

Please mark the space requested:

Kenny Hall (1/3) <input type="checkbox"/>	Hyland Center Assembly Room <input type="checkbox"/>	Board Room <input type="checkbox"/>	Front Desk Parlor <input type="checkbox"/>
Kenny Hall (2/3) <input type="checkbox"/>	Hyland Center Gymnasium <input type="checkbox"/>	Conference Room 1 <input type="checkbox"/>	Life Teen Room <input type="checkbox"/>
Kenny Hall (Full - 1/3 + 2/3) <input type="checkbox"/>	D'Youville Chapel <input type="checkbox"/>	Conference Room 2 <input type="checkbox"/>	Parking Deck - Upper <input type="checkbox"/>
Cathedral <input type="checkbox"/>	CKS Cafeteria <input type="checkbox"/>	Conference Room 3 <input type="checkbox"/>	Parking Deck - Lower <input type="checkbox"/>
Gathering Space <input type="checkbox"/>	CKS Media Center <input type="checkbox"/>	Conference Room 2048/ Counting Room <input type="checkbox"/>	Plaza Parking <input type="checkbox"/>

Please mark the equipment needed:

Microphone - Hyland Center Gym, Kenny Hall, Hyland Center Assembly Room <input type="checkbox"/>
Digital Projector - 2/3 Kenny Hall, Kenny Hall, Conference Room 1 <input type="checkbox"/>
DVD Player - 2/3 Kenny Hall, Kenny Hall, Conference Room 1, Life Teen Room <input type="checkbox"/>
VCR - 2/3 Kenny Hall, Kenny Hall, Conference Room 1, Life Teen Room <input type="checkbox"/>
TV - Conference Room 1, Life Teen Room <input type="checkbox"/>

Please mark other needs:

Podium <input type="checkbox"/>
Use of Catering Kitchen - Kenny Hall, Hyland Center, CKS Cafeteria <input type="checkbox"/>
Linens - Fees will apply <input type="checkbox"/>
Police/Security <input type="checkbox"/>
Porter - Required for large events and/or events ending after 8:00 pm <input type="checkbox"/>

Please specify set-up details:

Number of Guests <input type="text"/>
Number of Round Tables <input type="text"/>
Number of Long Tables <input type="text"/>
Number of Chairs per Table <input type="text"/>
Number of Chairs (along walls) <input type="text"/>

Please specify layout needed:

Theatre <input type="checkbox"/>
Board Meeting <input type="checkbox"/>
Round <input type="checkbox"/>
Dining <input type="checkbox"/>
Square <input type="checkbox"/>
Banquet <input type="checkbox"/>
Cleared <input type="checkbox"/>

Please list any additional needs:

Office Use
Date Recorded in EMS: _____
Date of Confirmation with Contact: _____