

# Faith Revitalization Center Reservation Request Form

All events are tentative until the request form has been reviewed, date availability confirmed on the calendar, and approved by the Faith Revitalization Center, Inc Multi-Purpose Center administrator.

Faith Revitalization Center, Inc.  
4300-B Noble Street  
Houston, Texas 77020  
713-673-3800

Name of Applicant: \_\_\_\_\_

Event: \_\_\_\_\_

Person or Persons Responsible if Different From Above: \_\_\_\_\_

Relationship to Group If Applicable: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Event Start Time: \_\_\_\_ : \_\_\_\_  AM  PM

Length of Event (hrs): \_\_\_\_\_

Set-Up Time: \_\_\_\_ : \_\_\_\_  AM  PM

Area Requested:    Auditorium    Classroom    Gymnasium    Kitchen

Approximate # of People Expected: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment Needed:

Chairs (# needed: \_\_\_\_\_)

Table (# needed: \_\_\_\_\_)

Podium/Lectern

Sound System

Microphones (# needed: \_\_\_\_\_)

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send any additional supporting documentation to the MPC Administration at [frc@faithrevitalizationctr.org](mailto:frc@faithrevitalizationctr.org)