



矽谷生命河靈糧堂
 River of Life Christian Church
 Ling-Leung World Wide Evangelistic Mission

F-1

Office Use Only

F-1 Event & Facility Reservation F-1 v.3

EVENT CONTENT (Please contact/submit to your main contact in the office)

Event Name			Date	
Owner & Event Content				
Coordinator	First Name	Last Name	E-mail	
	Cell Phone#	Work Phone#	Home Phone#	
Main Contact in Office	First Name	Last Name	E-mail	
	Cell Phone#	Work Phone#	Home Phone#	
Set up Team Leader	First Name	Last Name	E-mail	
	Cell Phone#	Work Phone#	Home Phone#	
Clean up Team Leader	First Name	Last Name	E-mail	
	Cell Phone#	Work Phone#	Home Phone#	

FACILITY RESERVATION (Please contact James Wang 408-260-0257 x 126, rolccjames@yahoo.com)

Room Name/Number	Date	*Time Duration	Purpose	**Remark

*Including rehearsal, decoration, set up, clean up time. **If needs Equipment and/or Announcement please fill up form F-2 & F-3
 F-2 F-3 Attached

Submit by: _____ Phone#: _____ E-mail: _____ Date: / /