

*The First
Presbyterian Church
in the City of New York*

12 WEST 12TH STREET, NEW YORK, NY 10011

Request to Schedule Event

Submit completed form to:
Tony Feliciano, Sexton
(212) 675-6150
fax: (212) 675-8674
TFeliciano@fpcnyc.org

Date Submitted _____

EVENT INFORMATION

Event _____ Number of People _____

Desired Date _____ Recurrence (describe) _____
(Day of Week) (mm/dd/yy)

Event Start Time _____ Event End Time _____ Room access desired before or after the event as follows:
(hh:mm am/pm) (hh:mm am/pm) Set-Up From _____ Clean-Up To _____
(hh:mm am/pm) (hh:mm am/pm)

Alternate Date(s) _____
(Day of Week) (mm/dd/yy)

Room Arrangement (describe or diagram on reverse side) _____

Chairs # _____ Tables # _____ Type _____ Flip Charts # _____ Lectern

Other Equipment _____

Coffee Service Yes No Cookies Yes No

Food Service Reception Brunch Dinner Other: _____ Budget _____

SPONSOR/CONTACT INFORMATION

Sponsoring Organization _____

Billing Address _____
(Street) (City) (State) (Zip Code)

Contact Person/Requester _____
(First Name) (Middle Initial) (Last Name)

Day Phone _____ Day Fax _____ Cell Phone _____
(Area Code) (Area Code) (Area Code)

Email _____ Evening Phone _____ Evening Fax _____
(Area Code) (Area Code)

Requester's Signature _____

ROOM PREFERENCES

1st Choice	2nd Choice	Maximum Capacity
<input type="checkbox"/>	<input type="checkbox"/> Assembly Hall	160
<input type="checkbox"/>	<input type="checkbox"/> Great Hall	150
<input type="checkbox"/>	<input type="checkbox"/> Esther Morrow Hall	125
<input type="checkbox"/>	<input type="checkbox"/> Parlor	80
<input type="checkbox"/>	<input type="checkbox"/> Library	25
<input type="checkbox"/>	<input type="checkbox"/> Mezzanine Room	25
<input type="checkbox"/>	<input type="checkbox"/> Roof Lounge	25
<input type="checkbox"/>	<input type="checkbox"/> Conference Room	10

Office Use