

FACILITY APPLICATION FUNERALS & MEMORIAL SERVICE

Please allow 48 business hours for this application to be approved by the management Team.

Family	
Loved one being remembered:	Family Contact Name:
Phone:	Email:
Funeral Home	
Name of Funeral Home:	Funeral Home Representative:
Funeral Home Phone:	Funeral Representative Email:
Service	
	Time of Service: End of Service:
Minister Name:	Minister's Church: Contact#:
Will casket be at the service?: Yes \(\text{No} \)	Expected number of people:
Sanctuary requested: Dome (seats 1200)	Fellowship Hall (seats 300) Chapel (seats 72)
Fireside Room (seats 150) Sland (seat	ts 300)
Please indicate all sound equipment needed: Mic (wired or handheld wireless?: How many Wired:	
How many Wireless: Internet connection:	Projector-connection to Mac/PC: Ipod connection:
Projector DVD Player Piano	o/Keyboard Will there be any live music performed?
Will podium be needed?	
Reception	
Are you planning to have a reception at Neigh	
Do you need use of the Kitchen? Yes No	Contact in charge of reception setup:
Contact Phone:	Set Up Time: Time of Reception:
Vacate Time: End Time:	
Reception Location: Fellowship Hall (seats 200	D) Fireside Room (seats 75) Dome Foyer (seats 75)
Please indicate the quantity of each item you	need: 6ft rectangular Tables (Max 20)
Large Round Tables (seats 8-10) (Max 12)	Medium Round tables (seats 6-8) (Max 12)
Small Round Tables (seats 4-5) (Max 12)	Chairs Note: We do not provide table clothes
NCC Office Use Only:	
Date available on calendar: YES NO	Confirmed Initials Date://
NCMT Approval: YES NO date://_	Host Name:
Media Tech Name:	Media Tech Phone: