

FACILITY RESERVATION REQUEST FORM
Richmond Christian School, 6511 Belmont Road, Chesterfield, VA 23832
804-276-3193

Organization and Contact Person Name: _____

Telephone Number: _____

Event Supervisor & phone # (if different from above): _____

Reservation Information

Date/s of Event: _____

**Pricing for Gym, Cafeteria, and Chapel: \$50/hour for 20 people and under
\$250 flat fee over 20 people
\$20/hour for supervision**

Pricing for Classrooms: \$50 per room per day

**Pricing for Athletic Fields: \$25/hour or \$100 for the whole day
\$20/hour for supervision, \$25 for scoreboard**

Mark ALL Locations Desired:

☐ **Gym**

Time: _____ to _____

Number of attendees _____

Age range _____

Additional Options:

___ Use of score board \$25

___ Use of sound system \$10

___ Cleaning extra \$50

___ Sporting equipment (varies)

Describe Activity _____

☐ **Cafeteria**

Time: _____ to _____

Number of attendees _____

Age range _____

Additional Options:

___ Use of kitchen \$25

___ Use of stage

___ Cleaning extra \$50

___ Tables (number needed _____)

___ Chairs (number needed _____)

(small appliances, pots/pans, etc.
may not be available)

Describe Activity _____

☐ **Chapel**

Time: _____ to _____

Number of attendees _____

Age range _____

Additional Options:

___ Cleaning extra \$50

___ Use of sound system \$10

Describe Activity _____

☐ **Athletic Field**

Time: _____ to _____

Number of attendees _____

Age range _____

Additional Options:

___ Scoreboard \$25

___ Set up required

___ Cleaning required

Describe Activity _____

☐ **Classroom**

Time: _____ to _____

Number of Attendees _____

Age range _____

Describe Activity _____

Initials of applicant: _____