



Calendar Request

This form should be completed at least two weeks prior to your event to avoid date or arrangement conflicts. Upon approval, your event will be added to the church calendar of events. If there is a conflict, you will be contacted.

Today's Date: _____ Date of Event: _____ Circle: M T W Th F S Su

Name of Event: _____ Organization: _____

Beginning Time: _____ am / pm Ending Time: _____ am / pm

Pre-Event Preparation Needed: Y or N Date: _____ Circle: M T W Th F S Su

Starting Time of Preparation: _____ am / pm Ending Time of Preparation: _____ am / pm

Number of People Expected: _____ Doors Unlocked At: _____ am / pm Doors Locked at: _____ am / pm

Event Contact/Coordinator: _____ Phone #: _____ Cell #: _____

Recurring Event: Y or N Frequency: Weekly Monthly Other: _____

*If event is recurring the activity must be resubmitted yearly no later than December 31st.

Facility Needs

- | | | |
|-----------------------------|-------------------------------|---------------------------------|
| _____ Atrium (max cap. 300) | _____ East Foyer | _____ Sanctuary (max cap. 2300) |
| _____ Atrium Kitchen | _____ Fusion Center | _____ Room 182 (max cap. 150) |
| _____ 182 Kitchen | _____ Gym | _____ Room Number |
| _____ Cafe | _____ Library | _____ Simmons Rm.(max cap 60) |
| _____ Central Foyer | _____ Library Conference Room | _____ Crossroads Room |
| _____ Choir Room | _____ Orchestra Room | _____ West Foyer |
| _____ Conference Room | _____ Parking Lot | _____ Zip Zone |

Other: _____ ***Room Layouts on Back**
 Room Charge: Y or N Amount: _____ Deposit Y or N Amount: _____

Equipment That will be USED

- | | | |
|-----------------------|-----------------------|-------------------------|
| _____ Sound System | _____ Easels | _____ # of Chairs |
| _____ Video Screen | _____ Podium | _____ # of Round Tables |
| _____ TV/DVD/VCR | _____ Atrium Stage | _____ # of 6' Tables |
| _____ Video Projector | _____ Dry Erase Board | _____ # of 8' Tables |
| _____ Piano | _____ Other | _____ Other |

Audio/Visual Personnel Needed: Y or N Approved: Y or N Approved By: _____

Childcare Needs

Childcare Needed: Y or N

Approved: Y or N

Approved By: _____

* If childcare is needed please fill out **CHILDCARE FORM** and return to church office no later than **one week prior** to your scheduled event.

Transportation Needs

Church Van: Y or N Number of Vans: _____ Church Bus: Y or N (CDL Driver) Church Trailer: Y or N

Date Transportation Needed: From _____ To _____

* All transportation needs must be approved for insurance purposes in the business office before they are available for use.

OFFICIAL USE ONLY

Date Request Given: ___/___/___ Transportation Approved: Y or N Approved By: _____

Driver Name: _____ Van Number(s): _____

Room Layout

Please provide a sketch of the desired room layout for your event with tables, chairs, etc.

Signature of Person Making Request

PLEASE DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Department Distribution

___ Building Operations Mngr. ___ Facilities Manager ___ Audio/Visual Department

___ Events Coordinator ___ Receptionist ___ Child Care Coordinator

___ Consultant ___ Food Services Director ___ Contract Cleaning Crew

Other: _____

*Approved: Y or N Entered on Church Calendar: ___/___/___ By: _____