



# 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 31<sup>st</sup>.*

## 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 | _____ Watersedge 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 Needs

- |                       |                       |                         |
|-----------------------|-----------------------|-------------------------|
| _____ 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: \_\_\_\_\_