

Instructions: The administrative office will make every effort to accommodate your request. Submission of this form does not guarantee approval of request. Please do not advertise your event until you have received confirmation of approval from the church office.

PERSON COMPLETING THIS FORM:

Event Date: _____ **Group Name:** _____

Name: _____ **Phone:** _____

Email Address: _____

PERSON IN CHARGE DURING EVENT:

Name: _____ **Phone:** _____

Email Address: _____

Event:

<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Group Social Event	<input type="checkbox"/> Community Event	<input type="checkbox"/> Reception
1 st Date Choice:	2 nd Date Choice	Day of the Week	S M T W R F S

Event Begins: _____ AM/PM Event Ends: _____ AM/PM

Attendance Expected: _____ People

Will an offering be taken? No Yes

Will there be food at the event No Yes If Yes, you must use L&L Caterers.

PLEASE COMPLETE FRONT & BACK

BUDGET

- Group Supported Event
- Church Budget Line Item If so, how much \$ _____

PUBLICITY

- Internal (flyers, bulletin insert, etc.) _____
- External (mailings, newspaper, etc.) _____
- Social Media (Facebook, twitter, etc.) _____

USHER SUPPORT

- YES NO

OFFICE SUPPORT

- Copies Phone Tree Other _____
-

FACILITIES NEEDED

Please check all that apply

- Sanctuary Grand Hallway Youth Area
- Multi-Purpose Room Room 130 Room 129
- Room 128 Room 127 Room 126
- Conference Room Parking Lot Common Grounds

Equipment Needed: Please specify what equipment you need

- Tables (approximate # _____) Chairs (approximate # _____)
- Projector TV DVD Player
- Projection Screen Easel
- Kitchen Prep Date & Time _____

PLEASE COMPLETE FRONT & BACK

Audio/Visual Requirements

- 1. Will there be a vocalist? No Yes
- 2. Will vocalist be utilizing music tracks? No Yes
(Tracks must be on CD)
- 3. Will microphones be needed? No Yes If yes, how many _____
- 4. Are you bringing instruments No Yes If yes, how many? _____
What types? _____
- 5. Will there be a video presentation? No Yes If yes, Power Point DVD
- 6. Will you require video recording of this event? No Yes Additional charges will apply (need board approval)

48 hours in advance of event, all Power Point & DVD presentations must be ready and given to the sound ministry.

ROOM SET UP & CLEAN UP

Will your group need to enhance the set up (floral arrangements or table cloths on tables)? No Yes

If yes, please specify the date and time. _____

Date

Time

Set up Contact Person: _____ Contact Phone number: _____

Please Note That All Requests Need To Be Submitted AT LEAST THREE (3) WEEKS In Advance Of Event's Date!

If L&L Caterers is not used, the group is responsible for cleaning the kitchen.

Please notify the church office 48 hours in advance of cancellation.

PLEASE USE THE BOTTOM OF THIS SHEET TO DRAW A DIAGRAM OF ANY ROOM ARRANGEMENT

**DO NOT MAKE ENTRIES ON THIS SIDE OF DOCUMENT
FOR OFFICE USE ONLY:**

MEETING STATUS:

[] Date Received _____ [] Approved [] Not Approved
[] Approved with changes _____

APPROVALS:

Trustee Board: _____ Date: _____

Trustee Board: _____ Date: _____

Trustee Board: _____ Date: _____

L & L Catering (if necessary): _____ Date: _____

Contact Notified: ___Yes ___No

Copies Distributed: ___Yes ___No

Calendar Updated: ___Yes ___No

NOTIFICATION/FACILITY ASSIGNED:

Location assigned: _____

Activity Date: _____ Start time: _____ End Time: _____

COPIES TO:

- Trustee Board
- L&L Catering
- Office
- Sound Ministry
- Security
- Maintenance