Event Planning and Property Use

Event:_____

Date Request Submitted: __/__/__ **Requested By:**_____

Desired Date(s): From: __/__/__ **To:**__/__/__

Alternate Date(s) From: __/__/__ **To:**__/__/__

Reserve for Setup From: __:__ __m

Event Start Time: From: __:__ __m **To:**__:__ __m

Time Required for clean-up: less than 1 hr. 1 hr. 1 ½ hr. 2 hr.

Room(s) Requested: _____

Off Campus Location: _____

Address: _____

Phone: (___)_____ **Transportation:**_____

Room Arrangement: (U-shape; Classroom; Conference; No tables) **Table Types:** Round Rectangle

_____

Special Request: _____

_____

Number of Attendees: _____ **Will Event Need Kitchen Access?** Yes No

Childcare? Yes No

Sound Technician? Yes No

Sound or Video Equipment? Yes No

Equipment: _____

_____

Contact: _____

Day Phone: (____)_____ **Night Phone** (____)_____

Ministry Sponsor: _____ **Leader:**_____

Publicity: ___**Newsletter article: Desired month:**_____ (Submit by 15th of preceding month)

___**Bulletin article: Desired date:** _____ (Submit by Tuesday before desired Sunday appearance)

Article: _____

(Subject to editing) _____

_____

_____

_____

_____

_____

Remember that you are responsible for staffing, setup and cleanup. It is also your responsibility to confirm scheduling with the church office. Do not assume that the submission of this form is a reservation. Event will be approved within 10 days. Please call the church office to confirm your event.

For office use only:

Date received:_____ **Approved by:**_____ **On Calendar:**_____