



# Request To Schedule Event

*Please fill out completely or scheduling will be delayed.*

Date Request Submitted:		Requested by:	
Event Title:		Room(s) Requested:	
Desired Event Date: ___/___/___ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Reserve/Setup Time: _____:___ AM - PM * Doors Unlocked *	
Is this a reoccurring event? <input type="checkbox"/> Yes <input type="checkbox"/> No		Event Start Time: _____:___ AM - PM	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>If reoccurring, please <i>list each date desired</i> in the reoccurring date section below.</b> </div>		Event End Time: _____:___ AM - PM	
		Out-of-Facility: _____:___ AM - PM * Doors locked *	
Alternate Event Date: ___/___/___		Estimated Attendance for Event:	
Contact:		City:	
Address:		State:	ZIP:
Home Phone: ( ) - ( ) - ( ) - ( )	Cell Phone: ( ) - ( ) - ( ) - ( )	Work Phone: ( ) - ( ) - ( ) - ( )	E-mail:

**Reoccurring Dates** (please LIST EACH DATE SEPARATELY - do not include holidays or days you will not be using the facility): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments/Room Arrangement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tables:** \_\_\_ ea. 6' Rectangle \_\_\_ ea. 8' Rectangle \_\_\_ ea. 60" Round     **Chairs:** \_\_\_\_\_

**Equipment:**  TV  VCR  DVD  Overhead Projector  LCD Projector  Laptop  DSL (Internet)

**Other Needs:**  Kitchen  BBQ Grill  Nursery  Sound  Lights  PowerPoint  SongScreen

**\*\* OFFICE USE ONLY \*\***

Officiating Pastor:	<input type="checkbox"/> Confirmed ___/___/___	Custodian:	<input type="checkbox"/> Confirmed ___/___/___
Sound Technician:	<input type="checkbox"/> Confirmed ___/___/___	Lighting Technician:	<input type="checkbox"/> Confirmed ___/___/___
Kitchen Supervisor:	<input type="checkbox"/> Confirmed ___/___/___	Contacted requesting party	<input type="checkbox"/> ___/___/___ <input type="checkbox"/> ___/___/___ <input type="checkbox"/> ___/___/___
Date Approved: ___/___/___	Approved By: _____	<input type="checkbox"/> Logos ___/___/___	<input type="checkbox"/> Personnel ___/___/___ <input type="checkbox"/> Board Calendar ___/___/___ <input type="checkbox"/> HVAC ___/___/___