

CALENDAR REQUEST FORM

Request for Scheduling an Event/Reserving Facilities/Equipment/Transportation

Please fill out this form completely and return it to the church office **2 weeks prior to any event held ON or OFF church grounds**. Once received in the office, it will be considered by the staff on a first come first approved basis. Church activities will take priority over non-church events.

CALENDAR/EVENT INFORMATION

Today's Date: _____

Name of event: _____

Organization involved: _____

Date of Event: _____

Day of the Week: _____

Beginning Time: _____ End Time: _____

Time facilities are needed: From _____ To _____

Number of People Expected: _____

Name of person in charge: _____

Phone: _____

FACILITY INFORMATION

_____ Sanctuary _____ Fellowship Hall _____ White House
_____ Choir Suite _____ Kitchen _____ Sunday School Room
_____ CDC/Kitchen _____ Student Center (Room #) _____
_____ Off Campus Event (*Location*): _____
_____ Other (*Specify*): _____

EQUIPMENT & SUPPLIES INFORMATION

_____ Number of Chairs _____ Number of 8' Tables _____ Number of Round Tables
_____ TV/VCR _____ TV/DVD _____ Overhead projector
_____ Paper Goods (*Specify items & quantities*): _____
_____ Other (*Specify*): _____

TRANSPORTATION INFORMATION

Church vehicle may be used for church activities only. All drivers must be registered with our insurance carrier. A list of approved drivers, as well as a copy of the Vehicle Use Policy, are both available from the church office during normal business hours. The van must be returned clean and full of gas. Each driver is responsible for his/her van. The van may NOT be used to transport children or youth.

Approved Driver Name: _____

Approved Driver Name: _____

Desired Date & Time To Pick Up Van Keys: _____

OFFICE USE: Date Received: _____ Received By: _____

APPROVED: YES NO Total Charge: _____

Comments: _____

Calendar: _____ Clean Up: _____ Supplies: _____