

# 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: \_\_\_\_\_

# of People Expected: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Time facilities are needed: From \_\_\_\_\_ to \_\_\_\_\_

Name of person in charge: \_\_\_\_\_ Phone: \_\_\_\_\_

### FACILITY REQUESTED

Sanctuary  Fellowship Hall/Kitchen  
 Choir Suite  Family Life Center(Gym)  
 Student Center  Sunday School Room # \_\_\_\_\_  
 Off Campus Event (*Location*) \_\_\_\_\_  
 Other (*Specify*): \_\_\_\_\_

### FACILITY RESERVATIONS FOR FRIDAY, SATURDAY OR SUNDAY

Since custodians are not scheduled to work on weekends, **I (we) take full responsibility for the following: Trash placed in plastic bags and placed in dumpster; facilities cleaned; furniture positioned for Sunday School use; appliances turned off; lights turned off; and building locked.**

Signature of Responsibility (Name) \_\_\_\_\_

### EQUIPMENT & SUPPLIES INFORMATION

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

### TRANSPORTATION INFORMATION

*Church vehicles may be used for church activities only. You will need to enlist your own drivers. All drivers must be registered with our insurance carrier. A list of approved drivers, as well as a copy of the Vehicle Use Policy, is available from the church office during normal business hours. Vans must be returned clean and full of gas. Each driver is responsible for his/her van.*

Approved Driver Name: \_\_\_\_\_

Desired Date & Time To Pick Up Van Keys: \_\_\_\_\_

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**OFFICE USE:** Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**APPROVED:** YES NO Total Charge: \_\_\_\_\_

Comments: \_\_\_\_\_

Calendar: \_\_\_\_\_ Clean Up: \_\_\_\_\_ Supplies: \_\_\_\_\_