

CALENDAR, VEHICLE AND CHILDCARE REQUEST FORM

(MUST be submitted to Calendar Coordinator two (2) weeks in advance to efficiently schedule)

**FINAL APPROVAL OF
CALENDAR DATE FOR EVENT**

Administrative Pastor _____ Date Approved _____

Notes

Is this an off-campus event? Yes No Date Submitted _____

If yes, you are responsible to coordinate with your age group minister for permission slips and field trip packets.

Ministry _____ Minister in Charge _____

Event	Submitted by	Phone #	Number Expected
_____	_____	_____	_____

Sponsor (Designated by Minister in Charge)	Person(s) to open & lockup building	Room(s) Requested for Event
_____	_____	_____

Custodian Needed?	Sound Needed?	Sound Tech Notified (Office Use Only)	(Scheduling of a technician or sound equipment must be requested in advance: see reverse side)
Yes No	Yes No	_____	

ON-GOING EVENT Weekly On _____ Monthly On the _____

Begin Time **End Time**

_____ _____ **Length of Event (mm/dd/yy)** _____ thru _____

ONE TIME EVENT	Day(s)	Date(s) (mm/dd/yy)	Begin Time	End Time	Set Up Completed by
	_____	_____	_____	_____	_____

CHILDCARE REQUEST *(Must be completed prior to approval)*

Approximate number for childcare _____

Approval of Preschool Associate _____ Date _____ Signature of Minister Requesting Event _____

VEHICLE REQUEST: # Passengers

Church Van _____

Rental Van(s) Needed _____

Buses Needed _____

Vehicle Coordinator Date

PLEASE NOTE: There must be FINAL approval of event BEFORE:

- Mailing of announcements or invitations of your event
- Advertising in the E-letter, bulletin, large screens, posters, etc.
- A copy of any printed material to be mailed MUST be presented to the minister in charge and/or appropriate administrative assistant before mailing.

Teaching Pastor _____ Date _____	Children's Minister _____ Date _____	Worship Pastor _____ Date _____
Student Minister _____ Date _____	Discipleship Minister _____ Date _____	Calendar Coordinator _____ Date _____
		Facilities Supervisor _____ Date _____

ROOM/EQUIPMENT/SUPPLIES REQUEST FORM

Ministry	Minister in Charge	Event	Number Expected
Request Submitted by	Date Submitted	Phone #	Set Up Completed by
			Custodian needed for event?
			Yes No
One Time Event	Date(s) _____	Ongoing Event	Date(s) _____ thru _____

TABLE CLOTHS NEEDED: *(Table cloths must be returned within one week, laundered and folded)*

Round-White _____ Rectangular-White _____ Round-Black _____ Rectangular-Black _____
 Small Square _____ Round-Cream _____ Other _____

 Person Responsible _____
 Phone _____

**Coffee Set
up needed**

**Water Set
up needed**

ROOM SET UP: (If you can, create your drawing in another program, save as .jpg and import it here.)

Image Field


Set Up Notes

Equipment Requests

- Sound System
- DVD Player
- Easel
- Wireless Microphone
- TV
- Screen

10/22

ADVERTISEMENT REQUESTS



Online Registration	Beginning/Ending Registration Dates	
Table/Skirt in Foyer	Dates _____	
Sunday Ad	Dates _____	
Bulletin	Dates _____	
Newsletter	Dates _____	