

# 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 \_\_\_\_\_

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.

## Notes

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 (Dates)

thru

ONE  
TIME  
EVENT

Day(s)

Date(s)

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.)

Set Up Notes

Image Field

### Equipment Requests

Sound System  
DVD Player  
Easel  
Wireless Microphone  
TV  
Screen

### ADVERTISEMENT REQUESTS



Online Registration

Beginning/Ending  
Registration Dates

Table/Skirt in Foyer

Dates \_\_\_\_\_

Sunday Ad

Dates \_\_\_\_\_

Bulletin

Dates \_\_\_\_\_

Newsletter

Dates \_\_\_\_\_

Highway Sign Dates/Days \_\_\_\_\_

Sign Administrator