

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

Enter Numbers:

Passengers

Vehicles needed

Buses Needed

Driver(s) Names

Begin Time

Van(s) Needed (other than ours)

Purpose of Trip

Destination

End Time

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

Children's Minister

Worship Pastor

Date

Date

Date

Student Pastor

Facilities Supervisor

Calendar Coordinator

Date

Date

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