



# EVENT REQUEST

REQUESTED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

DEPTS: \_\_\_\_\_

EVENT: \_\_\_\_\_

DATE(S) DESIRED \_\_\_\_\_

BEG. \_\_\_\_\_ END \_\_\_\_\_

EVENT TIME: \_\_\_\_\_ - \_\_\_\_\_

**IF OUTSIDE CHURCH:**

VAN RENTALS NEEDED: \_\_\_\_\_ Y / N      PERMISSION / MEDICAL FORMS NEEDED \_\_\_\_\_ Y / N

DESTINATION: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_      RETURN TIME: \_\_\_\_\_

**IF AT CHURCH:**

ROOMS NEEDED: \_\_\_\_\_

Set HVAC for rooms: \_\_\_\_\_

DISPLAY TABLE IN FOYER: \_\_\_\_\_ Y / N

SOUND & AV    Y \ N    SOUND TECH SCHEDULED FOR EVENT \_\_\_\_\_

BEG. \_\_\_\_\_ END \_\_\_\_\_

SET-UP TIME: \_\_\_\_\_ - \_\_\_\_\_      SET-UP COORD. \_\_\_\_\_

CLEAN-UP TIME: \_\_\_\_\_ - \_\_\_\_\_      CLEAN-UP COORD. \_\_\_\_\_

(Use Project Planning Sheet on back to aid you in planning event.)

KITCHEN:	Y / N
WILL MEALS BE SERVED:	Y / N
NUMBER PROVIDED FOR:	_____

**This is to be submitted a minimum of four weeks in advance of function for approval. You will be notified within 2 working days on approval/denial of request.**

\_\_\_\_\_  
(Department Leader - (Date)

\_\_\_\_\_  
(Phone #)

Approved       Denied

\_\_\_\_\_  
(Pastor's or Facility Coordinator Approval)

\_\_\_\_\_  
(Date)

OFFICE USE ONLY	
Recvd.	_____
on calendar	_____
Administrator:	
Web Calendar	_____
HVAC	_____
Copy to Dept. Leader	_____