

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building Open Time: \_\_\_\_\_

Who opens? \_\_\_\_\_ Phone: \_\_\_\_\_

Event Time: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Who closes? \_\_\_\_\_ Phone: \_\_\_\_\_

Set-Up Date/Time: \_\_\_\_\_ on your own? Yes No If no, additional fees may apply

Clean-Up Time: \_\_\_\_\_ on your own? Yes No If no, additional fees may apply

**Final details must be submitted to the office 7 business days before your event.**

Anticipated attendance? \_\_\_\_\_ Final Number (Office Use) \_\_\_\_\_

**Rooms Needed:** Check all that apply & Circle Primary Location (subject to availability)

|  |  |  |   |  |                                    |
|--|--|--|---|--|------------------------------------|
|  | Classroom(s) list:                             |  | Kitchen (coordinate with Kitchen Manager) |  | Van (additional usage form needed) |
|  | Nursery  |  | Fellowship Hall                           |  | Trailer                            |
|  | Prayer Room                                    |  | Multipurpose/ Gym                         |  | NONE                               |
|  | Sanctuary<br>Items moved? Y N<br>By Who? _____ |  | Library                                   |  | Other:                             |

**LAYOUT NEEDED:** Describe room set-up. Include # of tables/chairs

I also need.: (**check all that apply**)

Projector & Screen

Computer

Podium

Computer Speakers

Microphone

Power Cord

Nametags

Markers

Notepads

Room Dividers

Pens/Pencils

Flip Chart

White Board

Easel

Other: \_\_\_\_\_

Sound Tech? Y N Media Tech? Y N

Do you need the office to coordinate? Y N

Registration table (where? \_\_\_\_\_)

**Office Use Only:**

☐ Copy for Building Manager

☐ Copy for \_\_\_\_\_