

CALENDAR AND FACILITY REQUEST FORM

Today's Date: _____

YOUR GROUP IS RESPONSIBLE FOR SETTING UP AND RE-SETTING THE ROOM BEING USED.

ONE TIME EVENT

Date: _____

TIME of EVENT: Start _____ (am/pm) End _____ (am/pm)

RESERVE for Set-up/Take Down:

From _____ (am/pm) To _____ (am/pm)

ON-GOING EVENT: Monthly _____ Weekly _____

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Begin Date _____ End Date _____

Event Time: From _____ (am/pm) To _____ (am/pm)

Reserve for Set-up/Take Down:

From _____ (am/pm) To _____ (am/pm)

Date(s) excluded (holidays, etc.): _____

Ministry _____ Minister /Sponsor in Charge _____

Event _____

Person(s) responsible for open/lockup of building _____

****REQUIRED****

Room(s)/Facilities requested for event:

Number attending event _____

Office use only

Room Assigned: _____

SCHEDULING OF A TECHNICIAN OR EQUIPMENT MUST BE REQUESTED IN ADVANCE!

Is sound needed during the event? Y /N _____

Equipment Needed: (check appropriate items)

- | | |
|---------------------------------------|--------------------------------|
| <input type="radio"/> Sound System | <input type="radio"/> Computer |
| <input type="radio"/> Video Projector | <input type="radio"/> Screen |
| <input type="radio"/> DVD Player | <input type="radio"/> TV |
| <input type="radio"/> Dry Erase Board | <input type="radio"/> Easel |

*Audio record Y__ N__

*Video record Y__ N__

***SUBJECT TO AVAILABILITY**

PLEASE NOTE THAT ALL AUDIO/VISUAL NEEDS ARE TO BE REQUESTED THE SAME TIME ANY CALENDAR REQUEST IS SUBMITTED! THIS WILL ENSURE THAT ALL PARTIES INVOLVED HAVE AMPLE TIME TO PLAN FOR YOUR EVENT!

NOTES

FINAL APPROVAL OF CALENDAR DATE FOR EVENT:

Minister/Sponsor Signature

Date Approved _____

Name of person completing request form:

****ALL REQUESTS ARE TO BE SUBMITTED TWO (2) WEEKS IN ADVANCE TO EFFICIENTLY SCHEDULE. THANK YOU FOR YOUR ASSISTANCE IN THIS IMPORTANT MATTER!****

Office Use Only:

Calendar'd: Date: _____

Int: _____