# **Event Request Form**

Please Deliver The Completed Form To Your Ministry Overseer Approval:								
Event Name:						Today's Date:		
Person In Charge:					Pho	Phone #:		
Event Frequency: Once   Monthly   Weekly Other:						Event Date(s):		
Set-up	Date/Time:	Rehea	rsal Dat	e/Time: _		Clean-Up Date/Tim	_ Clean-Up Date/Time:	
A brief description of the event:								
Off-Site Event Location Name: Location Address:								
Rooms Needed								
Room Requested	Use Description	# of seats	Tables needed?	Wheelchair access	White Board	Other (Piano, Podium, etc.)	Office use only: Room Assignment	
Additional Needs  Kitchen Use:   Prep Kitchen (201)   Warming Kitchen (418)  Outdoor Use:   West Field   Playground   Firepit   Bus   Van #  (determined by Event Scheduler)								
<b>Tech Requests:</b> □ Sound □ TV/Projection □ Recorded (Gym, Upper Room & Heritage							Heritage only)	
Advertising:  Social Media Posts  Event Registration  Public Church Calendar  (Requests for tables in the foyer should be directed to the Worship Director								
Impact Review - Office Use Only Appropriate Space Available:   Yes  No  Comments:  Event Scheduler Initials/Date:								
Event contact notified of decision?   Yes  No  Date emailed:								

Rooms **100** (Heritage Sanctuary), **102** (Hearth Room), **200** (Worship Center/Gym), **205** (Chapel Cafe), **304**, and **400** (Upper Room) can be configured to accommodate particular uses.

### **Room Diagram / Floor Plan**

## **CLASSROOM LAYOUTS**

(Return To This Layout After Use)

### **Double Classroom**

# TELEVISION/ WHITEBOARD TELEVISION/ WHITEBOARD TELEVISION/ WHITEBOARD

### Single Classroom

