



Event Scheduling Form

Please print, complete fully, and return to Jane Frazier. Dates are not official until approval is received.

Office Use only: Date Received _____ Received By: _____ Date Approved: _____

Event Information

Event Name: _____

Number Attending: _____

Area(s) to be used: _____

Contact Person: _____

Phone: _____

Email: _____

Charge: _____

Event Dates

Start Date/Time: _____

End Date/Time: _____

Overnight Event? Yes No

Repeating Event? _____

Set-up Time: _____

Time facility to be opened: _____

Time done with facility: _____

Equipment Needed

Overhead Projector Choir Microphones Projection Screens
 CD Player Handheld Microphones Television(s)
 Cassette Tape Player Wireless Microphones DVD Player
 Media Shout Program Podium VCR Player
 (Two-weeks advanced notice required)

Other Requests _____

Please Note: You are responsible for contacting Don Segars no later than two weeks prior to the event to make arrangements for access to the facilities and confirm setup.

Request for Food Service

Type of Service: _____

Number of People _____

Price Per Plate: _____

Seven Days Notice is Required for Food Service

Request for Child Care

Number expected: **(Two-week notice required)**
 Bed Babies _____ Preschool Children _____

Time Child Care Begins: _____

Time Child Care Ends: _____

You are responsible for contacting the Children's Ministry Assistant no later than two weeks prior to the event to confirm child care.

See Reverse side of this sheet for Room Set-up Request