

Ministry Team Leader Approval:

 (Signature)

Calendar Request Form

Completed forms should be turned into the Elders/Calendar Request Form Box outside the office.

Team / Group: _____ Contact Person: _____

Phone: _____ E-mail: _____

Event Title: _____ Date of Event: _____

If this date is not available do you have a second choice? _____

Time Frame: (†2-hrs. incl. for setup and cleanup) Start: _____ End: _____

†If more setup/cleanup time needed, please specify here (subject to FM approval) : _____

Event Location: ____ At Church ____ Off Site (Where: _____)

If you will need the church van, please complete the information of the back of this form.

What is the purpose of the event? _____

How does the event correspond with the mission of the church? _____

Who will be involved in this event? _____

What expenses will be incurred with this event and how will the costs be covered? _____

Will you need assistance communicating this event to the congregation? _____

A staff member will follow up with you about assisting with this.

How can the elders pray for you with regard to this event? _____

Room Request

- | | | |
|---|---|---|
| <input type="checkbox"/> Worship Center | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Classrooms (room #s) |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Church Grounds (outside) | _____ |

Equipment/Furniture

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tables # _____ | <input type="checkbox"/> Chart Stand | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Podium | |

Audio/Visual

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Microphones # _____ | <input type="checkbox"/> Video Projector | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TV/DVD | <input type="checkbox"/> Screen | |

****Groups using building on Saturday are responsible for full clean up and set-up for Sunday morning.
 Please see Facilities Manager for a checklist of things to complete before leaving.**

For Church Office Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Facilities Manager notified – Date _____ | <input type="checkbox"/> Food Service Team notified – Date _____ |
| <input type="checkbox"/> Audio/Visual Team notified – Date _____ | <input type="checkbox"/> Communication Follow-up by staff – Date _____ |

Approved: Date: _____

Not Approved: Date: _____ Reason: _____

