

EVENT, MEETING & REHEARSAL SPACE REQUEST & SET-UP FORM



Name of Ministry _____

Event Name _____

Contact Person(s) _____

Contact Information Home _____ Work _____

Fax _____ Email _____

Event/Meeting/Rehearsal Date(s)

You will receive an email confirmation of approved dates/times.

Date Requested	Date Requested
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Number of Attendees (Approximate) _____ Time (a.m. or p.m.) From: _____ To: _____

Desired Location: _____

NOTE: Church & Buildings closing times:

8:00 p.m. Monday – Thursday; Use on Friday requires prior approval; Saturday 1:00 p.m.; Sunday - 2:00p.

Extended hours for the use of church and/or buildings requires prior approval.

Please check all that apply

NOTE: It is the ministry leader's responsibility to coordinate the requested service after confirmation of the date/time from the Administration Office.

- ☐ **Media** - Contact Sister Eather Chapman Waldon (eacwaldon@verizon.net)
- ☐ **Set-Up** - Complete information on reverse; Submit & Coordinate with Operations Office (Operations@NewSamaritan.org)
- ☐ **ZOOM** – Contact Elder Danita Cohen (DCohen@NewSamaritan.org)

Date Received	Date Approved	Approved By	Alternate Location of Meeting	Forward to:	
				<input type="checkbox"/> Culinary <input type="checkbox"/> Escort <input type="checkbox"/> Hospitality <input type="checkbox"/> Marketing <input type="checkbox"/> Media	<input type="checkbox"/> Music & Arts <input type="checkbox"/> Operations <input type="checkbox"/> Security <input type="checkbox"/> Transportation <input type="checkbox"/> Usher

Please submit the form to ContactUs@NewSamaritan.org

Set-up Requirements

Please select the desired equipment and the location for your set-up.

NOTE: Set-up & equipment should be coordinated with the Operations Department except where noted.

Operations Equipment Requested			
<input type="checkbox"/> Easel(s) <small>How Many?</small>	<input type="checkbox"/> Podium(s) <small>How Many?</small>	<input type="checkbox"/> Smart Board	<input type="checkbox"/> Tablecloths
<input type="checkbox"/> Chair Covers	<input type="checkbox"/> Ropes/Dividers	<input type="checkbox"/> Other	
Media Equipment <i>(must be coordinated through the Media Ministry Leader)</i>			
<input type="checkbox"/> Laptop Computer <i>(state intended use)</i>			
<input type="checkbox"/> Microphone <small>How Many?</small>	<input type="checkbox"/> Overhead Projector/Screen	<input type="checkbox"/> TV	
<input type="checkbox"/> Other <i>(please specify)</i>			

Location(s)				
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Lower Nursery	<input type="checkbox"/> Room 203	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Bldg 1105	<input type="checkbox"/> Bldg 1106	<input type="checkbox"/> Bldg 1108		

Number of Chairs:		Number of Round Tables:		Number of Long Tables:	
-------------------	--	-------------------------	--	------------------------	--

Describe Layout Desired

[illegible]