

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

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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) How Many?	<input type="checkbox"/> Podium(s) How Many?	<input type="checkbox"/> Smart Board	<input type="checkbox"/> Tablecloths	
<input type="checkbox"/> Chair Covers	<input type="checkbox"/> Ropes/Dividers	<input type="checkbox"/> Other		
<hr/> <hr/> <hr/>				
Media Equipment (must be coordinated through the Media Ministry Leader)				
<input type="checkbox"/> Laptop Computer (<i>state intended use</i>)				
<input type="checkbox"/> Microphone How Many?	<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