



Date Received: _____

Calendar and Facility Request Form

Form needs to be turned into Executive Assistant's Office 3 working days prior to event

Date of Event: _____ Series Ending: _____

Event/Group: _____ Number of Participants: _____

Event Beginning Time: _____ Event Ending Time: _____

Total Time Requested: From _____ Until _____

Is this a church related activity? Yes: _____ No: _____

Does this event meet our Mission Statement? To Know Christ and Make Him Known: Yes: _____ No: _____

Staff Coordinator: _____ Responsible Lay Person: _____

Phone # _____

Duration of Event: (Circle) One Time Series Frequency: Daily Weekly Monthly

Day of Week (Circle) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Ministry Pastor Approval: _____ Date: _____

Administrative Approval: _____ Date: _____

ROOMS REQUESTED

SPECIAL INSTRUCTIONS

SPECIAL NEEDS: (Circle)

Custodial: Yes No

Lighting/Sound Yes No

Vans: No. 1 No. 4 Trailer

Video Yes No

Bus: Yes No

Media Yes No

TV VCR DVD Yes No

Seating Arrangement: (Circle one) Classroom Circle Semi-circle

Sketch Of Room Set Up (Use backside if additional space is needed)