

Event Name: _____ Date: _____

Building Open Time: _____

Who opens? _____ Phone: _____

Event Time: _____

Main Contact Name: _____ Phone: _____

Departure Time: _____

Who closes? _____ Phone: _____

Set-Up Date/Time: _____ on your own? Yes No If no, additional fees may apply

Clean-Up Time: _____ on your own? Yes No If no, additional fees may apply

Final details must be submitted to the office 7 business days before your event.

Anticipated attendance? _____ Final Number (Office Use) _____

Rooms Needed: Check all that apply & Circle Primary Location (subject to availability)

	Classroom(s) list:		Kitchen (coordinate with Kitchen Manager)		Van (additional usage form needed)
	Nursery		Fellowship Hall		Trailer
	Prayer Room		Multipurpose/ Gym		NONE
	Sanctuary Items moved? Y N By Who? _____		Library		Other:

LAYOUT NEEDED: Describe room set-up. Include # of tables/chairs

I also need: (check all that apply)

Projector & Screen	Computer	Podium	Microphone	Power Cord
Nametags	Markers	Computer Speakers	Presentation Table	Pens/Pencils
Flip Chart	White Board	Notepads	Room Dividers	Easel

Other: _____

Sound Tech? Y N Media Tech? Y N

Do you need the office to coordinate? Y N

Office Use Only:	
<input type="checkbox"/>	Copy for Building Manager
<input type="checkbox"/>	Copy for _____

Registration table (where? _____)