

Calendar of Events Request

General Information

___ New Event

___ Change

___ Cancellation

Event to Place on Calendar _____

Location of Event - Room(s), Building(s) _____

Date of Event: (day of week) _____, (month) _____, (day) _____, (year) _____

Time: Start: _____ **End:** _____ (Early Set-up Time: _____) **Close:** _____

No of people expected to attend: _____

Person Responsible: _____ **Home Phone:** _____ **Work Phone:** _____

Instructions about furnishings: _____

Please draw a diagram of room arrangement on back of this form

Request for Childcare (notice of 2 weeks in advance to our Nursery Director)

No. of children: ___ Bed Babies ___ Toddlers ___ 2-3 year olds ___ 4-5 year olds
___ other children & ages

Transportation Reservation Request

Vehicle(s) Requested:

- Van (15 passenger) ___ Driver: _____
- Bus (15 passenger) ___ Driver(s): _____ (mark 1 or 2 vehicles)
- Bus (24 passenger) ___ Driver: _____ (requires driver with CDL)

(Note: Drivers must be on church approved driver list)

Date(s) Needed: _____ **Departure Time:** _____ **Return Date & Time** _____

Destination: _____

Key(s) pick up by (person/date) _____

Sound System Request: (Note: Sanctuary sound requires a sound tech in the sound booth)

Sanctuary (state sound needs) _____

Fellowship Hall (state sound needs) _____

Calendar Request Submitted by: _____

Today's Date: _____ **Phone No.:** _____

For Office Use Only

Posted on church calendar on: _____ (date) **by:** _____