

Date Submitted: \_\_\_\_\_

# EVENT FORM

## **DUE FOUR WEEKS PRIOR TO EVENT**

If this **EVENT** is being **CHANGED IN ANY WAY**, please check box and **HIGHLIGHT CHANGE**.

If event changes have to do with date and/or time, indicate original date and/or time. \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_ **LOCATION (Room #)** \_\_\_\_\_  
(Events scheduled in the FLC outside of regular hours of operation require event budget funds for custodial staff overtime)

**DATE OF EVENT:** \_\_\_\_\_ **RESERVE Time:** \_\_\_\_\_

**RESPONSIBLE STAFF APPROVAL (Required)** \_\_\_\_\_ **EVENT Time:** \_\_\_\_\_

**Sr Assoc Pastor (Required)** \_\_\_\_\_  **Minister of Rec (if in FLC) (Required)** \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone: \_\_\_\_\_

**Calendar Planning:** examine the  day prior and the  day following for possible conflicts.

Submit diagram of room set-up, if applicable, in box below to Ministerial Department Assistant for Staff approval.  
Check items below as needed and submit to proper person.

### Items Needed

**KITCHEN**  Yes  No **Authorized Kitchen Personnel** \_\_\_\_\_

**FLC Kitchen**  Yes  No

Please check either the Yes or No box that applies to you regarding the kitchen. If yes, attach a completed Kitchen Facility requisition form and contact the Kitchen Coordinator, Bob Cutshall.

- |                                       |           |  |  |
|---------------------------------------|-----------|--|--|
| <input type="checkbox"/> Tables (6')  | Qty. ____ | <input type="checkbox"/> TV/DVD                                    | <input type="checkbox"/> Piano   |
| <input type="checkbox"/> Tables (8')  | Qty. ____ | <input type="checkbox"/> Overhead Projector                        | <input type="checkbox"/> Coffee Cart   |
| <input type="checkbox"/> Tables (Rd)  | Qty. ____ | <input type="checkbox"/> Chalk Board                               | <input type="checkbox"/> Purchase Order (See Financial Assistant)                      |
| <input type="checkbox"/> Tablecloths* | Qty. ____ | <input type="checkbox"/> Podium <input type="checkbox"/> Risers    | <input type="checkbox"/> Childcare: Birth – 5 <sup>th</sup> Grade(Form to PS/Children) |
| <input type="checkbox"/> Chairs       | Qty. ____ | <input type="checkbox"/> Sound (See Mike Ricks)                    | <input type="checkbox"/> Bulletin (give copy of Media form to Joe Burns)               |
| <input type="checkbox"/> First Aid    |           | * Tablecloths must be checked out through the Kitchen Coordinator. |  |

**Tickets for this event?** \_\_\_\_\_ **Price** \_\_\_\_\_ **Date Available** \_\_\_\_\_ **Where** \_\_\_\_\_

**ACS Reservations?** \_\_\_\_\_ **Reservation Deadline** \_\_\_\_\_

**Other Information** \_\_\_\_\_

- |   |  |                                       |   |   |   |
|---|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Reception Desk | <input type="checkbox"/> Custodial Staff | <input type="checkbox"/> FLC          | <input type="checkbox"/> Joe Lowenstein | <input type="checkbox"/> Kitchen Coordinator    | <input type="checkbox"/> Diane McAlhany |
| <input type="checkbox"/> Daniel Morris  | <input type="checkbox"/> Mike Ricks      | <input type="checkbox"/> Brenda Kirby | <input type="checkbox"/> Phil Young     | <input type="checkbox"/> Health Committee Chair |   |