

WBC EVENT FORM

[DUE FOUR WEEKS PRIOR TO EVENT]

Date Submitted: _____

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 here: ____/____/____ - _____

EVENT NAME: _____

DATE OF EVENT: _____ **LOCATION (Room #):** _____

Room RESERVE Time: _____ **EVENT Time:** _____

(Note: Events scheduled in the FLC outside of regular hours of operation may require event budget funds for staff overtime)

Person Responsible: _____ **Phone:** _____

Room Set-up [Submit diagram of set-up, if applicable, to Ministerial Department Assistant for Staff approval.]

Items Needed

- | | | | |
|---------------------------------------|------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <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 th 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 Asa Walker) |
| <input type="checkbox"/> First Aid | | | |
- * Tablecloths must be checked out through the Kitchen Coordinator.

Kitchen Use

KITCHEN Yes No
FLC KITCHEN Yes No

Authorized Kitchen Personnel _____

If yes for either, attach a completed Kitchen Facility requisition form and contact the Kitchen Coordinator, Bob Cutshall.

Tickets for Event?

Yes No

Price: _____ **Date Available:** _____ **Where:** _____

ACS Reservations? Yes No **Reservation Deadline:** _____

Other Information: _____

FOR STAFF USE ONLY

WBC Staff Event Authorization

- STAFF LIAISON** (Required) _____ **Sr Associate Pastor** (Required) _____
 Minister of Music (If in worship/music area) _____ **Minister of Rec** (If in FLC) _____

- Reception Desk Custodial Staff FLC Joe Lowenstein Kitchen Coordinator Diane McAlhany
 Daniel Morris Mike Ricks Brenda Kirby Phil Young Health Committee Chair