



Please fill this form out in its ENTIRETY!
EVENT FEES MUST ACCOMPANY EVENT FORM FOR THE REQUEST TO BE SUBMITTED FOR APPROVAL.
 Please notify the Church Office if the scheduled event is cancelled or changed so that we may notify the person responsible for setup and the correct information will be published.

EVENT INFORMATION

Event Name _____
 (This is how it will appear in *The First Edition* and *The First*.)

Number Attending: _____

Location to be used: _____

Contact Person: _____

Phone: _____

Email: _____

Staff Contact: _____

EVENT DATES

Date of Event ___/___/___

S / M / Tu / W / Th / F / Sa (please circle)

Start Time: _____ am/pm

End Time: _____ am/pm

Time facility to be opened: _____ am/pm

Time done with facility: _____ am/pm

Overnight Event? ___ Yes ___ No

Event is (please circle):

One Time Weekly Monthly Quarterly
 Ending ___ Ending ___ Ending ___

REQUESTED NEEDS

Please Note: You are responsible for contacting Don Segars at 770-867-9255 no later than two weeks prior to the event to make arrangements for access to the facilities and confirm setup.

___ Set-ups	___ Custodian	___ Security
___ Overhead Projector	___ Choir Microphones	___ Projection Screens
___ CD Player	___ Handheld Microphones	___ Television(s) Quantity ___
___ Cassette Tape Player	___ Wireless Microphones	___ DVD Player
___ Pro Presenter Program	___ Podium	___ VCR Player

(Three-weeks advanced notice required.)

Other Requests _____

REQUEST FOR CHILD CARE

Number expected: _____

Bed Babies _____ Preschool Children _____

Time Child Care Begins: _____ am/pm

Time Child Care Ends: _____ am/pm

You are responsible for contacting the Children's Ministry Assistant no later than three weeks prior to the event to confirm child care.

USE OF KITCHEN

Do you need access to the kitchen? _____

Please keep in mind we do not have a Church Hostess. Any group using the kitchen will be responsible for complete clean up after the event.

For Office Use

Person Issued Kitchen Key _____

Kitchen Key Issued By (Initial) _____

Kitchen Key Returned To (Initial) _____

SET-UP

How do you want the room(s) set up? (Include description, diagram, special needs, etc.)

Room No. _____

Front of Room

of Tables _____

of Chairs _____

Decorations _____

Food _____

Room No. _____

Front of Room

of Tables _____

of Chairs _____

Decorations _____

Food _____

TRANSPORTATION-VAN REQUEST

NOTE: You are responsible for the care and security of the assigned key(s). Keys are to be checked out and in during office hours, 8:00 am- 4:30 pm Monday - Friday.

Please fill up the gas tank before returning the vehicle.

_____ Bus #1 (New) _____ Bus #4

Driver _____ Driver _____ Driver _____ Driver _____

Depart: _____
(Date / Time)

Return: _____
(Date / Time)

Reason for use of van: _____

Keys Checked Out & Bus Inspection Form Received Signature: _____
(Driver) (Date / Time)

Keys Returned & Bus Inspection Form Received Signature: _____
(Staff) (Date / Time)

APPROVAL (OFFICE USE ONLY)

Event Fee & Event Form Received by _____
(Staff) (Date)

Approved by _____
(Minister) (Date)

Pending Approval _____ Not Approved _____
(Reason) (Reason)

Entered on Church Calendar _____ Fees Forwarded to Finance _____
(Staff) (Date)

Person Submitting Event Form Notified of Approval or Denial _____
(Initial/Date)