

# ACTIVITY REQUEST FORM

*Use this form to request a calendar date and/or use of the facility. Date/usage will be confirmed only after this form has been completed, returned to the church office, and signed by an authorized church representative. No event will appear on the official church calendar until it has been approved.*

**Event:** \_\_\_\_\_

Name of Person /  
Group making request: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Set Up Date: \_\_\_\_\_ Set Up Time: \_\_\_\_\_ Cleaned &  
Out By: \_\_\_\_\_

Is this activity:  One time  Weekly  Monthly Other: \_\_\_\_\_

Please specify additional dates:

**Facilities requested – please check all appropriate:**

(If a van is needed, be sure to complete the van request form)

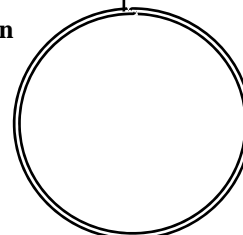
- |   |   |
|---|---|
| <input type="checkbox"/> Sanctuary              | <input type="checkbox"/> Family Life Center Gymnasium |
| <input type="checkbox"/> Fireside Room          | <input type="checkbox"/> Nursery                      |
| <input type="checkbox"/> Prayer Room            | <input type="checkbox"/> Rooms #104/105               |
| <input type="checkbox"/> Foster Ministry Center | <input type="checkbox"/> Picnic Pavilion              |
| <input type="checkbox"/> Youth Room             | <input type="checkbox"/> Children's Room              |
| <input type="checkbox"/> Other                  |   |

Activity Location (if away from church):

Comments:

**Confirmation can be granted only through the Church Office and is final only when recorded on the official church calendar by the office staff. Complete page 2 to request equipment and technical support. Refundable deposit / fees may be associated with this event; they will be communicated with you after the event is approved. See the Fee Guidelines / Assessment Form as a cost reference.**

Approved \_\_\_\_\_ Date \_\_\_\_\_



# EQUIPMENT & TECHNICAL SUPPORT REQUEST

*Please check all that apply to your event. If you are unsure of the needs at this time, it will be your responsibility to update this information with the church office AT LEAST ONE MONTH prior to the event date. Failure to communicate your technical / specific needs on a timely basis may result in a failure to secure the support you need.*

- Sound (OFFICE ONLY: Name of tech \_\_\_\_\_ )  
 # of handheld mics needed: \_\_\_\_\_ # of corded mics needed: \_\_\_\_\_  
 # of lapel mics needed: \_\_\_\_\_ Pulpit mic needed: \_\_\_\_\_
- Sanctuary Special Lighting with effects (OFFICE ONLY: Tech Name \_\_\_\_\_ )
- Sanctuary Projection (Video/DVD/PP) (OFFICE ONLY: Tech Name \_\_\_\_\_ )
- Sanctuary main platform cleared of instruments (except grand piano)
- Sanctuary choir chairs removed
- Instrumentalist (piano/keyboard) (OFFICE ONLY: Name \_\_\_\_\_ )
- Videographer (cameras) (OFFICE ONLY: Name \_\_\_\_\_ )
- Portable Projector
- Piano
- Pastoral services – name of pastor desired \_\_\_\_\_
- Custodian
- Tables  
 # of 5-ft diameter round tables \_\_\_\_\_ # of 6-ft rectangular tables \_\_\_\_\_
- Chairs  
 # of chairs \_\_\_\_\_
- Podium
- Coffee Maker
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

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Approved \_\_\_\_\_ Date \_\_\_\_\_

