

EVENT, ACTIVITIES, & MEETING REQUEST FORM

THIS FORM IS REQUIRED before information is entered into our church calendar and rooms are assigned.
Please return form to the office.

EVENT / MEETING TITLE: _____
TEAM / GROUP / ORGANIZATION: _____
CONTACT PERSON: _____ Phone #: _____
WHEN? Date(s): _____
Time: _____
Set-up Time: (If different than event time above.) _____

WHERE/LOCATION? On-site: _____ Off-site: _____

FACILITIES REQUESTED: _____

CHILD CARE NEEDED? YES: _____ NO: _____
(If yes – please fill out a Childcare Request Form and attach it to this form.)

AUDIO/VISUAL (If yes, please fill out information on back of form.) YES: _____ NO: _____

You will be responsible for all set-up and tear down of tables and chairs for your event.

Notes: _____

Please submit information for the Bulletin or the Desert Chimes separately.

Office Use: Date Received _____
Information Entered _____
Modified _____

Cc: _____

Completed form must be sent to the front office and date availability checked before adding it to the church calendar. Feel free to call the church at 509.582.9537 for questions.

Audio/Visual Request Form:

Location of set-up: _____

Microphones/How many _____ Sound System _____

Podium: YES _____ NO _____

DVD/TV _____ Video Projector _____ Screen _____

Recorded – Audio _____ Camera _____ Website _____

Notes:

<p><u>Office Use:</u> Reviewed _____ Date _____</p> <p>Technician _____</p>
