

CHURCH ACTIVITY RESERVATION FORM

(Due at least 4 weeks prior to event)

Today's Date _____

Event Date: _____ Day of the week: _____

Beginning Time: _____ Ending Time: _____

Set-up time needed prior to start of event? Time of set-up: _____

Time for clean-up: _____

Is this a recurring event?: yes no If yes, explain: _____

Name of Group/Ministry: _____

Name of event: _____

Person in charge: _____

Email: _____ Daytime #: _____

Facilities

On Church Campus (On evenings and weekends the facilities will be locked. Contact the Church Office in advance for a key.)

Church rooms requested : _____ # of persons expected to attend: _____

of tables needed _____ round table _____ 6' table _____ 8' table (if available)

of chairs needed _____ (If specific room set-up is needed, please supply necessary description well in advance through the church office.)

Stage Needed?: yes no If yes, explain: _____

Off campus site: _____

Equipment Needed TV DVD player Projector Podium

Microphone (# _____) CD Player Piano / Keyboard (circle)

Use of audio-visual equipment in Worship Center or Family Life Center may require a fee for operation by a qualified tech assistant. Only church-approved personnel may operate A/V equipment.

All such assistance must be approved and arranged well in advance of event through the church office.

Child Care: # of children _____ age range _____ time frame _____

There may be a fee for this assistance and only church-approved personnel may be used.

All such assistance must be approved and arranged well in advance of event through the church office.

Food Service: Please indicate need and quantity for the following items from the church's kitchen.

Table Cloths _____ Punch Bowl _____ Coffee _____

Tea _____

Person responsible for food prep for event: _____ daytime # _____

Request for kitchen crew to prepare food (Contact the church office regarding menu & cost)

Please see reverse side for advertising and budgeting.

Specification for Promotion

Please specify and provide as many details as possible (location address, cost, deadline to sign-up, contact info. etc...)

Event scheduling without all detailed information may be delayed.

This section is to help your ministry budget for this event.

Estimated Income:

Participant Fees: (cost X estimated attendance) _____

Budget Lines: _____

Designated Lines: _____

Donations: _____

Fundraisers: _____

Total Estimated Income: _____

Estimated Expenses: *Complete Purchase / Funds Disbursement Request form for expenses**

Transportation: _____

Lodging: _____

Conference/Camp Fees: _____

Food: _____

Misc.: _____

Equipment: _____

Supplies: _____

Total Estimated Expenses: _____

Income & Expenses must balance, if it does not explain: _____

***I understand that if funds are needed, that I am to complete a Purchase / Funds Disbursement Request form (Green form) and it must accompany this form for pastoral approval. Reimbursement will not be considered without prior pastoral approval. (initial)_____**

Office Use Only

Presented & Approved by staff: int. _____ date _____

Keys given: _____ To: _____

A/V assigned to: _____ Fee (if applicable) _____

Child Care assigned to: _____ Fee (if applicable) _____

Room set-up request given