

Meeting / Special Event Information Sheet

Form Revision date: 03/08/18

- This is the first time this request has been submitted
- This is a revision to a previously submitted request
(If this is a revision – please CIRCLE the revised area)

Event: _____ Location: _____

Date: ____/____/____ (Day of the week: _____) Time arriving for setup: _____

Recurrence: _____ End Date: ____/____/____

Event START time: _____ AM / PM Event END time: _____ AM / PM (for announcement)

Deadline to sign up: _____ Cost \$ _____ ...includes: _____

Where to meet: _____

What to bring: _____

Include Announcement in: Bulletin (deadline Tues.) Screen in Grace Hall Newsletter (deadline 20th)
(put any special announcement text on the reverse side of this page)

Will transportation be furnished: Yes No Departing when: _____ Returning when _____

Which vehicles? _____ (be sure to add transportation expense into cost)
(If transportation will be furnished – you must complete a Vehicle Use Form)

Number of people expected to attend: _____

Kitchen Supplies needed: paper plates bowls dessert plates plastic silverware

8 oz. Styrofoam cups 12 oz. Styrofoam cups napkins

Other _____

Set-up (i.e. tables/chairs) is to be done by **your** committee.
Set-up and clean up by church Custodians is only for specific church-wide events. *If the custodian is not involved in set-up, it is the responsibility of the person in charge of set-up to return furniture, fixtures and/or equipment to its original place; to follow the posted procedures in the kitchens (if the kitchen area is used); and to ensure that all doors are locked when the event is over.* If you have questions regarding set-up, contact Renee Estes, Office Admin.

Other Notes:

Who will be locking and unlocking doors? _____

Audio/Visual Equipment or Supplies Needed: _____

List **trained** individual who will be responsible for A/V set up & will be running: _____

Office Assistance Required _____

In the event of a schedule conflict or other information is needed, list a contact person:

Contact Person/Responsible Party: _____ Phone: _____

Date of Request: ____/____/____ Date Approved: ____/____/____

Office Staff who Received Request: _____

All requests must be made at least 2 weeks in advance.