

# EVENT APPROVAL / REQUEST FORM

**NOTES**

- Please submit at least 3 weeks prior to event.
- In order for event to be published on calendar, the "DESCRIPTION" section MUST be completed.
- Be sure to check the advertising formats you would like.
- To help advertise your event correctly, please fill in suggested wording (under "ADVERTISING FORMAT")
- Attach any printed material you will hand out. (Office staff are available to help with this.)
- Ensure that clean-up is arranged for event.

**EVENT INFORMATION**

EVENT NAME: \_\_\_\_\_ EVENT LOCATION: church \_\_\_\_\_ other \_\_\_\_\_

DESCRIPTION/PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_

Ministry: \_\_\_\_\_ Who is invited: \_\_\_\_\_

Date of 1st event: \_\_\_\_\_ Date of last event: \_\_\_\_\_ Attendee Cost: \_\_\_\_\_ Event Cost: \_\_\_\_\_

Set up time: \_\_\_\_\_ Event Start time: \_\_\_\_\_ Event End time: \_\_\_\_\_ Clean-up completed by: \_\_\_\_\_

1st Location Choice: \_\_\_\_\_ 2nd Location Choice: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ RSVP (please give name, phone, email): \_\_\_\_\_

Will food or refreshments be served? \_\_\_\_\_ Day of Week Requested: \_\_\_\_\_

For guidance on providing childcare, please contact the Office Manager (884-8632x116)

**ADVERTISING FORMAT**

\*all event advertisements need to be approved by the Communications Coordinator and are subject to space in the given medium.

\_\_\_ Weekly e-newsletter: dates requested: \_\_\_\_\_

\_\_\_ Bulletin: dates requested: \_\_\_\_\_

\_\_\_ Pre-Service Slide: dates requested: \_\_\_\_\_

\_\_\_ Registration Table: dates requested: \_\_\_\_\_

**EVENT DETAILS**

Information on setup (see back of paper for building layout)

\_\_\_ Tech crew requested (Please contact Director of Worship Arts as Tech availability is limited)

\_\_\_ Room needs set up by maintenance

\_\_\_ Building key needed

\_\_\_ Lock up by: \_\_\_\_\_

SUGGESTED WORDING: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone (home/ work/ cell): \_\_\_\_\_ email: \_\_\_\_\_  
 Office Manager's initials: \_\_\_\_\_

## EVENT SUPPORT PLAN

Event program details you will be providing (attach detailed agenda if available)

Speaker(s)

Praise & Worship

Presentation Slides

Video ( VHS or  DVD)

### Audio/Vocal Needs

will there be a worship team? explain \_\_\_\_\_

microphones How Many: \_\_\_\_\_

keyboard

other \_\_\_\_\_

### Visual Presentation

with computer

TV monitor

### Video Presentation

with computer

with VCR

with DVD player

### Set up for event

# chairs \_\_\_\_\_ arrangement of chairs \_\_\_\_\_

# tables \_\_\_\_\_  round or  rectangle

### Set up Instructions

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