

PARKVIEW ASSEMBLY -Building Request

Special Event Planner

This form is to be turned in to the office manager no later than 7 days prior to the scheduled event.

Submitted by: _____

Date Submitted: _____

Daytime Phone _____

Cell _____

Date of Event: Day of week _____ month _____ Date _____

Starting Time: _____

Ending Time: _____

Set-Up Time (if applicable) _____

Clean-Up Time (if applicable) _____

Name of Ministry/Department Hosting Event _____ Coordinator of Event: _____

Facilities/Rooms Requested: _____

Attending: _____

Brief description of event: _____

If church facility is not being used, please provide the name and address where the event will be held: _____

For Van See Van Use Policy and Van Request Form

MAINTENANCE

Number of Tables: _____

Size/Type of Tables: _____

Number of Chairs _____

Easel _____

Podium _____

White Board _____

Type of Set-up/Further Instructions: _____

*If special set-up is requested, please draw diagram for maintenance on back of this form.

MEDIA

TV/DVD _____ Power Point _____ Portable Projector _____ Screen _____

Sound System _____

Microphones/how many _____

Mic Stands/how many _____

Cassette/CD Player _____

Other Equipment _____

FOOD

Breakfast _____

Lunch _____

Dinner _____

Snack _____

Who is preparing food: _____

Breakfast

Lunch

Dinner

_____Snack ____ who is preparing food:

Kitchen access is needed:

Refrigerators/how many needed

**If funds are needed or purchasing, please submit an expense form or purchase order form with this request.

Leader's Signature: _____ Overseeing Pastor/Director's Signature: _____

OFFICE USE ONLY

Reviewed by Office Manager

Approved

_Declined

Authorized Signature