

REQUEST FOR FUNCTION SHEET

DATE OF FUNCTION: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(Please circle one)

ORGANIZATION: _____

FUNCTION TIME BEGIN: _____ a.m. / p.m. FUNCTION TIME END: _____ a.m. / p.m.

NUMBER OF PEOPLE: _____ EARLY SET UP: Yes / No

DATE AND TIME OF EARLY SETUP: _____

ONE TIME EVENT: _____ WEEKLY EVENT: _____ MONTHLY EVENT: _____

FUNCTION LOCATION: Main Sanctuary (560) / McKee Chapel (140) / Easter Chapel / Mayfield Room (70)
(Please circle one) Parish Hall (325-565) / Conference Room (8-15) / Undercroft (15-55) / Choir Room (30)

Lobby / Wonder Room / Garden** / Playground* / Gym* / YAC** (30-75) / Other: _____

* Notify Parish School / ** Notify Receptionist

EMPLOYEES:

_____ BABYSITTING	Time begin _____ a.m./p.m.	Time end _____ a.m./p.m.
_____ SEXTON (after 5:00 p.m. Friday)	Time begin _____ a.m./p.m.	Time end _____ a.m./p.m.
_____ SEXTON (after 12:00 Noon Sat/Sun)	Time begin _____ a.m./p.m.	Time end _____ a.m./p.m.
_____ SECURITY/CROSSING GUARD	Time begin _____ a.m./p.m.	Time end _____ a.m./p.m.
_____ HOUSEKEEPING	Time begin _____ a.m./p.m.	Time end _____ a.m./p.m.
	Number Needed: 1 2 3 4	(One per 30 people)

AUDIO/VIDEO:

_____ PROJECTOR _____ Screen _____ Overhead _____ TV _____ VCR _____ DVD
_____ PODIUM _____ DRY ERASE BOARD _____ CD Player _____ Power Pt Lap Top _____
_____ REGULAR MICROPHONE Quantity: 1 2 3 4 **Main Church (4 available)**
_____ WIRELESS MICROPHONES Quantity: 1 2 3 4 5 6 **Parish Hall Church (6 available)**

SET UP:

_____ STAGE _____ Extensions for Stage
_____ FOOD TO BE SERVED Kitchen / Parish Hall _____ No. of food tables in Parish Hall
_____ KITCHEN TO RESERVE: Mayfield / WR Kitchen / Basement (Please circle one)
_____ SERVING/WARMING TRAYS _____ Qty
_____ TABLES: Round / Rectangle _____ Qty _____ Registration Table in Hallway 1 or 2
_____ TABLECLOTHS: White / Other Specify Color: _____
_____ SET UP: Square (Vestry) / Auditorium Set up / Other (Specify below)
_____ CHAIRS
_____ PLATES: Small / Large Glass / Paper (Paper plates provided by: _____)
(circle one) (circle one)
_____ GLASSES Glass / Paper _____ Coffee Cups Glass / Styrofoam
_____ NAPKINS Small / Large _____ Forks _____ Spoons _____ Knives
_____ BEVERAGES _____ Ice _____ Water _____ Tea _____ Coffee
_____ PUNCH BOWL Punch Bowl Cups: Yes / No

OTHER/COMMENTS:

(*If function in Garden, please do not turn on sprinklers day before, or day of event.)

DATE: _____ Contact person: _____

Approved by: _____ Telephone: _____

cc: Children's Ministry Sexton Security Altar Guild Parish School Youth Sound Tech
Maintenance Supervisor Organist Flower Guild Receptionist Maintenance Daycare Director