

# Event Scheduling Form

*Submit to church office at least one month in advance forms will be returned with confirmation. If there is a conflict on date or arrangements, you will be contacted.*

Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Ministry Hosting Event: \_\_\_\_\_

Person Running Event: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Event Date: \_\_\_\_\_

Day of Week: S M T W T F S

Beginning Time of Event: \_\_\_\_\_

Ending Time of Event: \_\_\_\_\_

Facilities Needed: \_\_\_\_\_

Number of anticipated participants: \_\_\_\_\_

Briefly Explain Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason/Intention for Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Set Up/Clean Up Needs: \_\_\_\_\_

\_\_\_\_\_

Equipment Needs: \_\_\_\_\_

\_\_\_\_\_

Media Needs: \_\_\_\_\_

\_\_\_\_\_

Child Care Needed?  Yes  No If yes, what ages? \_\_\_\_\_

Financial Assistance: \_\_\_\_\_

\_\_\_\_\_

Would you like this event on the calendar and/or announced?  Yes  No

Office Use Only

Date & space requested is available  Yes  No

Approved \_\_\_\_\_  Yes  No

Event placed on Master Calendar by \_\_\_\_\_

Cooperating Staff Member: \_\_\_\_\_

(Signature)