

Rainier Hills Christian Fellowship - Event Application Form

Note: Any individual who is not a member of Rainier Hills and/or is hosting a group that is not associated with the church must provide a completed and signed copy of the Rainier Hills Christian Fellowship Facility Use Agreement and Release/Indemnification Form with this application.

Today's Date: _____ Submitted by: _____

Event Name: _____ Anticipated Attendance: _____

Person in Charge: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

EVENT DATES: Begins _____ Ends _____

EVENT TIMES: Begins _____ Ends _____ (Includes set up and clean up)

(Note: If your event is recurring, feel free to attach a list of the dates to this application)

AGE GROUP OF PARTICIPANTS: Adults ___ Youth ___ Children ___ (check all that apply)

Baby Sitting Required: Yes ___ No ___

Approved Nursery Volunteer: _____ (Note: an approved nursery volunteer is one who has completed an applicable background check, which must be completed before approval).

Who will arrange for the babysitter? _____

How will they be paid:

ROOM(S) REQUESTED (Check all that apply)

Main Auditorium ___

Family Room ___

Foyer ___

Classroom 1 ___

Conference Room ___

Classroom 2 ___

Kitchen in Foyer ___

Classroom 3 ___

Kitchen in Children's Wing ___

Classroom 4 ___

Portable 1 ___

Classroom 5 ___

Portable 2 ___

Classroom 7 (Nursery) ___

Please provide a brief overview as to why you've chosen the rooms requested:

Please note that the final room determination will be made by the staff at RHCF based upon the event requirements.

Audio/Video Requirements (Check all that apply):

TV/DVD _____ Overhead Projector _____ Computer _____ Full Sound System _____

If a sound system is required, please provide a brief description of what will be needed, i.e. number of microphones (handheld or wireless), instrument inputs, music stand(s), etc.:

Please note that an RHCF authorized A/V volunteer is required for use of the Main Auditorium sound/video system, and may be required for the sound system in the Multi-Purpose room and Portable 2 as deemed necessary by the RHCF staff. This may result in an additional charge for the event in order to compensate the A/V volunteer for their service.

Equipment Needs:

Tables (quantity):

60" round (seats 6-8) _____ 6' rectangle (seats 6-8) _____ 8' rectangle (seats 8-10) _____

Table Cloths Yes _____ No _____ Chairs (quantity) _____ Persons/table: _____

Lace: No Charge (Rectangle only)

White Linen (\$5/ea rental charge): Round or Rectangle

Other items you may need that you would like the church to provide:

Kitchen Supplies - Please identify any kitchen supplies you would like to use for the event:

Large Disposable Plates: _____ Small Disposable Plates: _____

Plastic Silverware: Forks _____ Spoons _____ Knives _____

Styrofoam cups: _____ Clear Plastic Cups: _____

Coffee: _____ Hot Water for Tea: _____

Other (please describe):

Please note that the use of the churches supplies may result in an additional charges for the event hosting fee as determined by RHCF staff

Cleaning:

We will be in charge of the complete cleaning of the facility after use _____

We would like the church to handle the cleaning of the facility after use _____ (Note: Outside Parties will be required to clean the spaces utilized after your event. Additional fees may be charged for further cleaning provided by the church staff as needed after your event is completed.)

Event Cost:

What is your budget for this event: \$ _____ Estimated Income \$ _____

Costs (please identify):

Total: \$ _____

Upon submission of this application, the RHCF staff will determine whether or not a usage fee will be required for this event. For members of RHCF, our goal is to provide the facility for free for your use as practicable. For requests from individuals who are not a part of RHCF, a usage fee may apply. This will be discussed with the Person in Charge before event approval.

For Church member use only. These services are not available to those outside the church who utilize the building for an event:

Food Requirements:

Will you be purchasing supplies? Yes _____ No _____

Will the church be placing the order? Yes _____ No _____

If Yes, how will the church be reimbursed:

Will there be Registration for this event? Yes _____ No _____

Registration Deadline _____

Do you need a Sign-up Table? Yes _____ No _____ Dates: _____

Do you need a Cash Box? Yes _____ No _____

Where will the Cash be Stored? _____

Do you want this event published in the Sunday Bulletin? Yes _____ No _____

If so, for what date(s): _____

Do you want this event published to the website? Yes _____ No _____

Do you want an on-line sign-up available? Yes _____ No _____

ALL CHURCH RELATED EVENTS AND EVENTS HELD AT OUR FACILITY REQUIRE PASTORAL APPROVAL, WHICH MAY TAKE UP TO 2 WEEKS TO RECEIVE. THIS EVENT IS NOT OFFICIAL UNTIL YOU RECEIVE PASTORAL APPROVAL.

STAFF USE ONLY:

Date Received: _____

Admin. Approval: _____ Date: _____

Pastoral Approval: _____ Date: _____

Usage Fee: No ___ / Yes ___ Amount: _____

CHECKLIST:

CALENDARS:

Facility Master Calendar Yes No Date Added: _____

Ministry Calendar Yes No Date Added: _____

PROMOTION:

Bulletin: Dates to Run _____ Date Added: _____

Website: Date Added: _____

Flyer Needed? Yes No Date Added: _____

Weekly Email: Yes No Dates to Run _____ Date Added: _____

REGISTRATON:

Resource Counter Yes No Date Created: _____

On-line Sign-up? Yes No Date Created: _____

Link to Flyer/Web? Yes No

Reminder Email: Date to Send _____ Done

NOTES: