

St. Wilfrid's
Preliminary Event/Rehearsal/Meeting Request Form

Name or type of event / meeting _____ Date of event _____
Time _____

Name of ministry or group sponsoring this event _____

Primary contact _____ Address _____

Telephone numbers: Home _____ Work _____

Cellular _____ E-mail _____

Secondary contact _____ Phone number _____

Location request, i.e., Sacquety Hall, courtyard, room number _____

(Please provide a simple drawing of your room / location set-up plan, if applicable)

Special requirements _____ Audio/Visual Equipment _____ Visual Aids
_____ Tables and chairs _____ Other

Food Service _____ Food to be catered _____ Potluck _____ Beverages only
_____ Kitchen facilities needed _____ Other _____

Number of people expected to attend _____ Ticket sales _____ Suggested donation
_____ Free will offering _____ No charge

Childcare needed (Church events only) Yes _____ No _____ # of children _____ Age range _____

Have you received a copy of St. Wilfrid's childcare policy? Yes _____ No _____

If applicable, type of worship service _____

_____ Altar Guild/Eucharist _____ Service sheets _____ Flower Guild
_____ Acolyte _____ Ushers _____ Greeters
_____ Lectors _____ Sound crew _____ Musicians

Is an offering to be taken? Yes _____ No _____ Monies directed to _____

Announcements/Advertising _____ St. Wilfrid's Sunday Times _____ Clarion _____ Other

This form is used to request the scheduling of an event/rehearsal and/or meeting. When you have completed the form along with the Facility Use Agreement, please return both forms to the church office either in person, by mail, or fax. Submitting this form does not indicate an approval for the event. The St. Wilfrid's Administrator will review this information and someone from the office will contact you regarding your request. Thank you.

FOR OFFICE USE ONLY

Date received _____ Approved at staff meeting _____
Event scheduled on master calendar _____ Yes _____ No _____ Copies to _____
Deposit received Date _____ Amount \$ _____