



EVENT RESERVATION REQUEST

Event Name: _____

Preferred Date Request: _____ Alternate Date: _____

EVENT INFORMATION

Type of Event: _____ (Please check all that apply)

- _____ Event with over 100 people estimated attendance (Approximate Number _____)
- _____ Event with less than 100 people estimated attendance (Approximate Number _____)
- _____ Off-site event
- _____ *Non-church sponsored event (donation encouraged; other usage policies may apply) SEE NOTE BELOW
- _____ Other (please describe) _____

*Event times: Setup: _____ Start: _____ End: _____

Recurring event?(weekly, monthly, etc.) _____ Yes _____ No If yes, how often? _____

NOTE that annual events require a new approved form each year.

Requested location:

- _____ Leo Erny Hall _____ West Wing Main Area _____ Bliss Center _____ Conference Room
- _____ Tomlinson _____ West Wing Classroom _____ Sanctuary _____ Other _____

Description of activity: _____

Freewill Offering? _____ Yes _____ No Special Fundraiser? _____ Yes _____ No
Person responsible for receiving funds: _____ Acct. to receive funds: _____

Group/Ministry Responsible: _____

Person in charge: _____ Phone: _____ Email: _____

* Be sure to include rehearsal/practice information as separate events. Those times must be added to the calendar as well.

PLANNING

Check all the resources you will be using: It is your responsibility to contact/obtain these resources. Child care workers must meet the Safe Church Policy. It is your responsibility to return the facility to its original condition. Tables & chairs need to be returned to original configuration, *unless* otherwise instructed by the office. No food, dirty dishes or dirty towels can be left out in the kitchen (Heath Dept. Code).

- _____ Sound (audio/visual) _____ Music (i.e. singers, accompanists)
- _____ Kitchen access _____ *Use of stove/ovens *Requires scheduled training prior to event. Contact Office: 949-1239
- _____ Tables & chairs _____ Child care _____ Off-hour building access (key) _____ Extra 5 gal. bottles of water _____ How many _____
- Other (please describe below) _____

PROMOTIONAL ASSISTANCE REQUEST

We will do our best to promote your event in the areas you have requested. Please understand some of the resources only run the information as space allows. (Please check all that apply)

_____ Bulletin _____ Verbal Announcement _____ Weekly E-mail Blast _____ Tims Times _____ Web Site

*If this is a non-Tims Church event, facility usage/other fees may apply. Outside groups are encouraged to take free-will donations for the use of church space. Completed request forms go Sharon in the office. **NOTE: Event is not reserved/calendared until you receive a signed copy of this form from the office.**

Approval (Staff signature): _____ Date: _____