

Event Request Form

Please Deliver The Completed Form To Your Ministry Overseer Approval: _____
(Ministry Overseer Signature)

Event Name: _____ **Today's Date:** _____

Person In Charge: _____ Phone #: _____

Email: _____

Event Frequency: Once | Monthly | Weekly Event Date(s): _____

Other: _____ Event Time: _____

Set-up Date/Time: _____ Rehearsal Date/Time: _____ Clean-Up Date/Time: _____

A brief description of the event: _____

Off-Site Event _____
 Location Name: _____
 Location Address: _____

Rooms Needed

Room Requested	Use Description	# of seats	Tables needed?	Wheelchair access	White Board	Other <i>(Piano, Podium, etc.)</i>	Office use only: Room Assignment

Additional Needs _____

Kitchen Use: Prep Kitchen (201) Warming Kitchen (418)

Outdoor Use: West Field Playground Firepit East Field Madrona Yard

Tech Requests: Sound TV/Projection Recorded (Gym, Upper Room & Heritage only)

Advertising: _____

Social Media Posts Event Registration

Public Church Calendar Posters in Bathrooms

(Requests for tables in the foyer should be directed to the Worship Director)

Impact Review - Office Use Only

Appropriate Space Available: Yes No

Comments: _____

Event Scheduler Initials/Date: _____

Event contact notified of decision? Yes No

Date emailed: _____

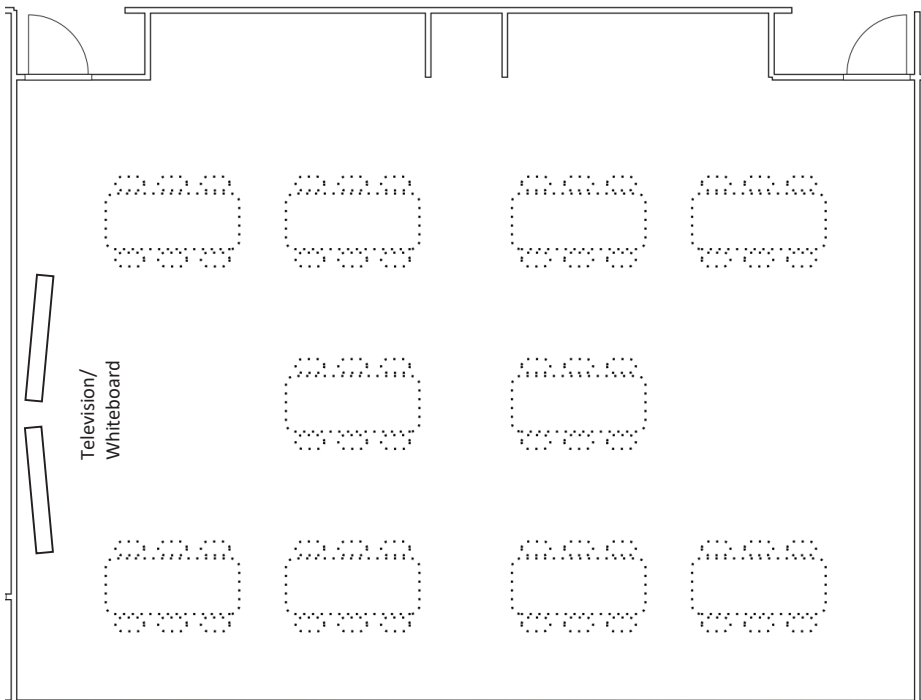
Rooms **100** (Heritage Sanctuary), **102** (Hearth Room), **200** (Worship Center/Gym), **205** (Chapel Cafe), **304**, and **400** (Upper Room) can be configured to accommodate particular uses.

Room Diagram / Floor Plan

CLASSROOM LAYOUTS

(Return To This Layout After Use)

Double Classroom



Single Classroom

