

Facility & Event Request 2010

By submitting this request, I understand that I am responsible for leaving the facility clean and in the condition in which I found it and I am also responsible for locking up.

(1) Name: Submitted by [and/or] Contact Person _____ /_____/_____
 (2) Date Submitted

(3) Phone #:(_____) _____ — _____ Alternate #:(_____) _____ — _____

(4) Contact Email: _____

(5) Name of Event: _____

(6) Date(s) of Event: _____

(7) Reserve Time: Begin ____:____ AM or PM End: ____:____ AM or PM

Please take into account the time you will need to set up and/or decorate for the event and figure that into your reserve time.

(8) Event Time: Begin ____:____ AM or PM End: ____:____ AM or PM

(9) Approximate number of people attending: _____

(10) Rooms & Equipment Needed (Please check all that apply):

(10a) ***Security code required

College House ***AMC Café

Grace House ***Choir Room

Fellowship Hall ***Worship Center

Kitchen ***Balcony Classroom

Gym ***Student Ministry Center

Gym Upstairs ***Adult Ministry Center

----- Rm # _____

Tables # _____ ***Children's Ministry Center

Chairs # _____ Rm # _____

Other (specify): _____

****For meetings, use non-coded facilities. If coded facilities are requested, arrangements must be made for someone to unlock/uncode and relock/code.*

Yes, arrangements have been made to open & close.
 Contact to open & close: _____

No, arrangements have not been made to open/close.

(10b)

*Large Bus *Sound Equipment Other _____

*Small Bus *Video Equipment _____

Trailer *Lighting Equipment

**Technicians or drivers with CDL licences (for buses) will be required for use of church equipment. If you will be using church equipment at your event, please inform us who will be operating the equipment. If you do not have someone to operate the equipment, please inform us of this, so we can help you find someone.*

NO, I DO NOT have equipment technicians and will need help finding technicians.

YES, I have an equipment technician(s). Please list the name(s) of the equipment technician(s): _____

(10c) *Childcare Needed: Yes No

If "Yes" box is checked, please complete the Nursery/Childcare Request information on side 2 of this request form.

Notes: _____

Office Use Only. **Staff Approval:** Yes No

Signed _____ Date: ____/____/____

Date Added to Calendar: ____/____/____ Date Added to Ministry Scheduler: ____/____/____

Notes: _____

Nursery / Childcare Request Form

Note: Each Bible Fellowship Group is allotted one paid nursery per quarter (every 3 months).
If approved, additional nursery usage will be at a rate of \$10.00 per caregiver per hour (minimum 2 workers).

____/____/____
(1) Date Submitted (2) Requested By

(3) Name of Event

(4) Event Location (fellowship hall, grace house, off-campus location)

(7) Name of contact: _____

(8) Contact Phone #:(_____) _____ — _____ Alt. #:(_____) _____ — _____

(9) Drop off time: _____ Expected pick up time _____

(10) If a meal is being provided for the event and the event is at the church, please check the box that applies:

- Child(ren) may eat with parent(s) at the event prior to going to the nursery.
- Separate meal provided for children in the nursery.

(11) Number of children:

(11a) Please give an estimation of the number of children in each age group:

Birth-1 year: _____

1-2 years: _____

3-5 years: _____

K-2nd grade: _____

3-5th grade: _____

(10b) Approximate total number of children attending: _____

(10c) These numbers are:

- From a sign up list
- An approximation

Special Notes: _____ _____ _____ _____ _____ _____

Office Use Only.

Event Approved by staff: Yes No

Date: ____/____/____

Childcare request given to Children's Ministry Director:

Date: ____/____/____

Childcare request given to Nursery Coordinator:

Date: ____/____/____

Notes: _____
