

EVENT PLANNING REQUEST

Fill in and return to Sue Peters

Rev. 8-08



Person Making Request _____ Phone # _____ Today's Date _____

CALENDAR REQUEST

Title of Event _____ Date of Event (1st Choice) _____ Date of Event (2nd Choice) _____

Ministry/Purpose/Reason for Event _____ Approximate Number of Attendees _____

Event Start Time (AM/PM) _____ Set-Up Start (AM/PM) _____ Finish with Clean-Up (AM/PM) _____

Room to be held in – Room where work is to be done – (Indicate Room Number when possible) _____

Need Kitchen Reserved (Yes/No) _____ Kitchen Needed from Start to Finish (AM/PM) _____

Kitchen Supplies Needed: Paper/Coffee/Linens/etc. _____

WORK REQUEST (Draw Diagram on back)

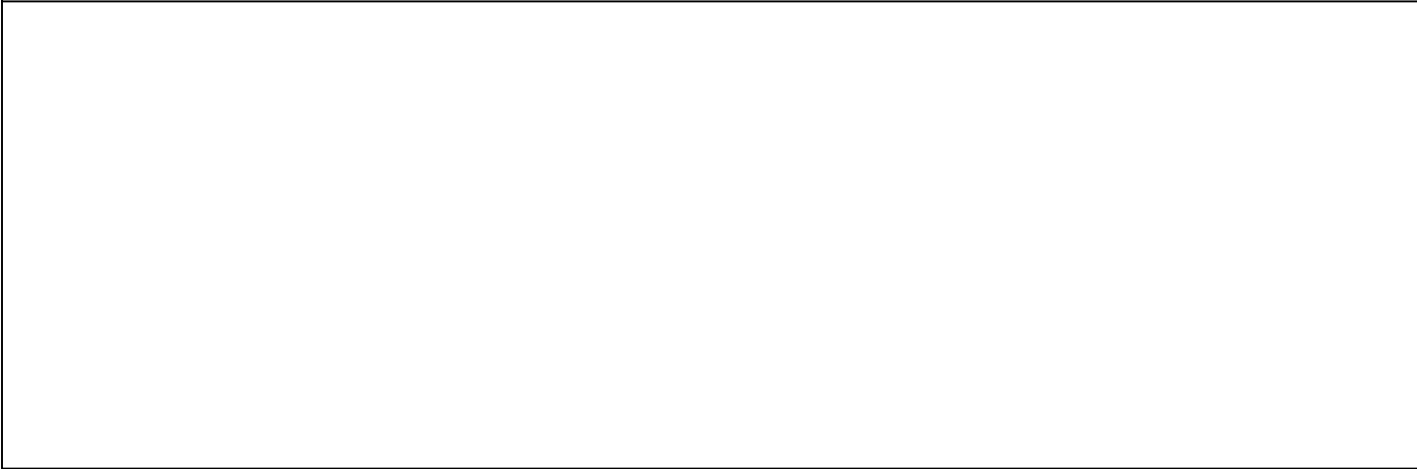
Total Tables Needed _____ How many Round _____ How Many Rectangular _____

Total Chairs Needed _____ How many Blue _____ How many Tan Folding _____

DESCRIBE MISC. WORK/EQUIPMENT NEEDED: (Repair, Installation, Room Set-Up, Maintenance)

(Over)

Draw Set-Up for **Room #** _____



WORSHIP CENTER SPECIFIC PLAN REQUEST (Draw Diagram below)

Need Tech Operator (Yes/No)
(MCCS Designate Tech Operator)

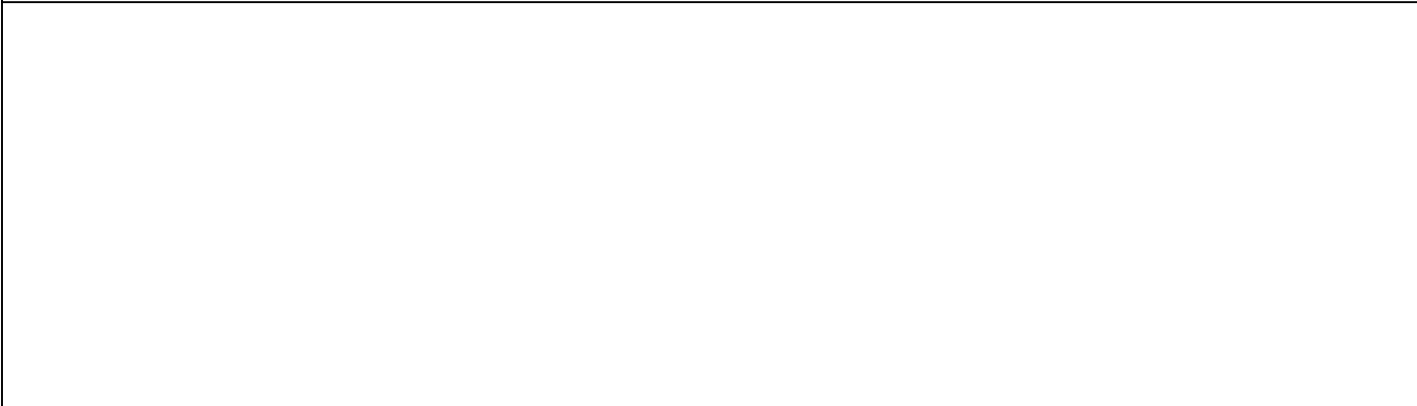
Need Grand Piano (Yes/No)

Need Drums (Yes/No)

Audio (Electronic/Sound) Equipment Needed _____

What WC Platform Furniture needs to be Moved/Removed/Added _____

Draw **Stage** Set-Up for **Worship Center**



Date and Time (AM/PM) Set –Up is to be Completed by _____

Church Signature of Approval _____

Today's Date _____