CALENDAR FACILITY FORM

DATE RECEIVED: _____

Office Hours: 9:00am - 4:00pm

Phone: 262-595-0500

Please give this completed form to your Ministry Leader. You will be notified within 3 weeks if your event has been approved or not.

Must be filled out for ALL onsite/offsite church related events.

Leaders initials:

Note: You are responsible to clean ALL rooms that were used for your activity/event.

Speaker:

Phone Number:

Event:

Event Time Begins: **Ends:**

Contact Person:

***Time Room(s) Needed:**

Date(s) of Event:

(*Time you'll need for set up, tear down, AND clean up)

Beginning Sign Up Date:

Maximum Number of People Attending:

Ending Sign Up Date:

Offsite Location:

Cost Per Person:

CHECK ALL THAT APPLY:
☐ All-Church Event?
Advertising Needed:
☐ Calendar, Website, PH App
☐ Friendship Sheet Letter
☐ Regular Pulpit Announcement
☐ Personally /Given Announcement
☐ Skit Other
☐ Mailing
Needs:
☐ Ushers
☐ Greeters
☐ Worship Team
☐ Special Music
☐ Projectionist
☐ Sound Tech
☐ Altar Workers
☐ Follow-Up Ministry
☐ Medical Services
☐ Other Needs:

CHECK ALL THAT APPLY:
What rooms will be used? (check all that apply)
☐ Sanctuary – 300 (18tables – 120 seats)
☐ Restrooms
☐ Classroom 1 – 45 chairs
☐ Classroom 2 – 15 chairs
☐ Classroom 3 – 10 chairs (The Watchmen Room)
☐ Prayer Room
☐ Foyer (48 – 50 with round tables)
☐ Conference room - 6
☐ Kitchen – 30-32 with tables
☐ Emanuel church room
☐ Kid's Church - 60
☐ Pet Shop (birth to 18 months) - 6
☐ Critter Land (19 to 36 months) - 12
☐ Under the Sea (3 to 4 years old) - 18
☐ Number of tables needed
☐ Number of chairs needed
☐ Offsite Location:
Refreshments served: You are responsible for the purchase of all paper products needed for your event

If money /food is involved, do you need a table for sign Up? Yes No

List dates a table is needed: (3 Weeks Maximum)

Additional Information:

GUEST SPEAKER INFORMATION

Guest Accommodations?
Name:
Date(s) Needed:
How Many
Hospitality Basket:

OFFICE USE ONLY
Sound Tech:
Custodian:
Date Entered on Master Calendar:

Date Received: Date Approved :

Approved : Yes No Approved by: