

EVENT SUPPORT FORM



**Please Refer to the 2019 Event Policy for Event Form Due Dates.
You are responsible for collecting signatures PRIOR to turning in this form.**

EVENT INFORMATION

Ministry:	Event Title:
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Describe the Nature/Purpose of This Event:

MINISTRY CONTACT INFORMATION

Contact Person:	Alternative Contact:
Phone:	Alternative's Phone:
Email:	Alternative's Email:

DATES AND TIMES

Event Date(s):	Day 1: Setup Time: _____ Start Time: _____ End Time: _____
	Day 2: Setup Time: _____ Start Time: _____ End Time: _____
<input type="checkbox"/> Offsite <input type="checkbox"/> On Campus	# Of People Expected: _____
What Time Do You Need the Main Doors Unlocked for Open Access?	
	Day 1: _____ Day 2: _____

REHEARSALS AND MEETINGS

Will you need extra days for planning meetings or rehearsals?

Day: _____ Start Time: _____ End Time: _____ Sanctuary Classroom Fellowship Hall

Day: _____ Start Time: _____ End Time: _____ Sanctuary Classroom Fellowship Hall

Day: _____ Start Time: _____ End Time: _____ Sanctuary Classroom Fellowship Hall

Day: _____ Start Time: _____ End Time: _____ Sanctuary Classroom Fellowship Hall

Day: _____ Start Time: _____ End Time: _____ Sanctuary Classroom Fellowship Hall

Rehearsal Coordinator Name:	Rehearsal Coordinator Phone:
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FACILITATORS/SPEAKERS/GUESTS

Name and Affiliation/Church of Guest(s):

Contact Phone:	Email or Website:
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DO NOT EXTEND A FORMAL INVITATION UNTIL AFTER YOU HAVE RECEIVED CONFIRMATION OF APPROVAL FROM THE OFFICE

CHECK ALL OF THE MINISTRIES THAT ARE REQUESTED TO SERVE DURING THIS ACTIVITY/EVENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative Office
<input type="checkbox"/> Care Counselors
<input type="checkbox"/> Health Ministry
<input type="checkbox"/> Musicians
<input type="checkbox"/> Praise & Worship Team
<input type="checkbox"/> Trustee Ministry
<input type="checkbox"/> Youth Ministry (CIA, Teens)
<input type="checkbox"/> Nursery | <input type="checkbox"/> Christian Education
<input type="checkbox"/> Culinary**
<input type="checkbox"/> Children's Church (KC3)
<input type="checkbox"/> Go Ye Ministry
<input type="checkbox"/> Hospitality Ministry
<input type="checkbox"/> Marriage Ministry
<input type="checkbox"/> Men's Ministry
<input type="checkbox"/> Multi Media**
<input type="checkbox"/> Voices of Unity | <input type="checkbox"/> Deacon's Ministry
<input type="checkbox"/> Greeters Ministry
<input type="checkbox"/> Security
<input type="checkbox"/> MIME-N-Motion
<input type="checkbox"/> Seasoned Saints
<input type="checkbox"/> Transportation**
<input type="checkbox"/> Women's Ministry
<input type="checkbox"/> Photography**
<input type="checkbox"/> Other _____ |
|---|--|---|

****You Must Contact the Culinary, Multi-Media, Photography and Transportation Ministries Directly Concerning Availability.**

EVENT SUPPORT FORM


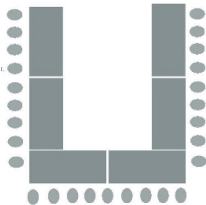
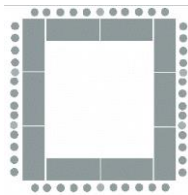
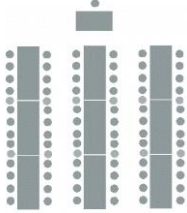
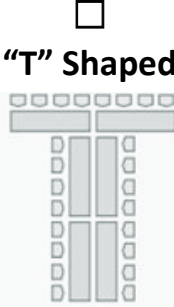
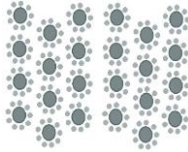
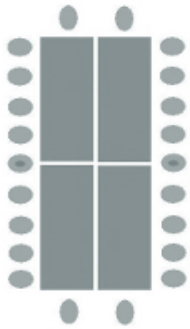
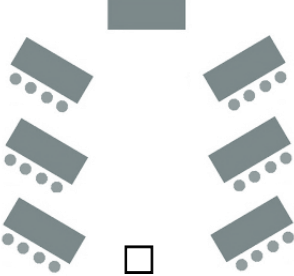
CHECK THE AREAS OF THE CHURCH THAT YOU WILL USE DURING THIS ACTIVITY/EVENT

- | | | |
|--|--|---|
| <input type="checkbox"/> Entire Campus | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Classroom(s) List Room Preference: |
| <input type="checkbox"/> Fellowship Hall w/Classrooms | <input type="checkbox"/> Parking Lot (Includes Garage) | _____ |
| <input type="checkbox"/> Fellowship Hall/No Classrooms | <input type="checkbox"/> Sanctuary (Includes Foyer) | _____ |

SET-UP NEEDS

- | | |
|---|---|
| <input type="checkbox"/> No Setup Requested (Clear Fellowship Hall) | <input type="checkbox"/> 6-Foot Tables, Qty: ____ # of People Per Table: ____ |
| <input type="checkbox"/> Chairs Only, Qty: ____ | <input type="checkbox"/> Round Tables, Qty: ____ # of People Per Table: ____ |
| <input type="checkbox"/> Tables Only, Qty: ____ | <input type="checkbox"/> Tables Requested for Food Only, Qty: ____ |

SET-UP OPTIONS FOR TABLES AND CHAIRS

 <p><input type="checkbox"/></p> <p>Stadium Seating</p> <p><input type="checkbox"/> Header Table</p>	 <p><input type="checkbox"/></p> <p>"U" Shaped</p> <p><input type="checkbox"/> Omit Tables?</p>	 <p><input type="checkbox"/></p> <p>Hallow Rectangle</p> <p><input type="checkbox"/> Omit Tables?</p>
 <p><input type="checkbox"/></p> <p>Family Picnic</p> <p><input type="checkbox"/> Header Table</p>	 <p><input type="checkbox"/></p> <p>"T" Shaped</p>	 <p><input type="checkbox"/></p> <p>Banquet</p> <p><input type="checkbox"/> Header Table</p>
 <p><input type="checkbox"/></p> <p>Board Room</p>	 <p><input type="checkbox"/></p> <p>Classroom</p> <p><input type="checkbox"/> "v" shape</p> <p><input type="checkbox"/> straight rows</p>	<p>Round Tables seat 6 people, comfortably, but can accommodate up to 8 people.</p> <p>The Fellowship Hall seats 120 people, comfortably, with tables. Max capacity is 250.</p> <p>Each classroom can seat 35 people comfortably with chairs only.</p> <p>The Sanctuary (incl. balcony), seats 250 people, max capacity is 300.</p>

****Disclaimer: In no event will PRBC be held liable for any loss, damage, or harm including, without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising from the failure to properly request tables and chair setup per this event request form.**

EVENT SUPPORT FORM

KITCHEN/CULINARY SUPPORT NEEDS (To be reviewed with the Culinary Ministry Leader)

Check all that apply:

- Externally Catered
- In House Catering Requested
- Refrigerator Storage Prior to Event
- Pitcher(s)
- Pots/Pans
- Cooler
- Cooking Utensils
- Wire Racks
- Trays
- Coffee Pot
- Bowls (salad)
- Other: _____

The kitchen must be cleaned, and items returned to their proper location after each use. Food must be taken with you or properly stored in the refrigerator after use – DO NOT LEAVE FOOD ON THE COUNTERS. Please notify Culinary of any food left behind.

Notes:

I have discussed and approve the Culinary Ministry’s role for this event:

Culinary Ministry Leader Signature: _____ **Date** _____

I have agreed to the terms of use set by the Culinary Ministry:

Event Ministry Leader Signature: _____ **Date** _____

MULTIMEDIA SUPPORT NEEDS (To be reviewed with the Media Ministry Leader)

Check all that apply (please note that your ministry may receive an invoice for any items requested, damaged, or lost during your event):

- Fellowship Hall Microphone
- Sanctuary Microphones (#____)
- Lapel Microphone
- PowerPoint/Slideshow
- Pre-recorded Audio
- CD/DVD copies
- Pre-recorded Video
- Other: _____

Notes:

I have discussed and approved the Multimedia Ministry’s role for this event:

Multimedia Ministry Leader Signature: _____ **Date** _____

I have agreed to the terms of use set by the Multimedia Ministry:

Event Ministry Leader Signature: _____ **Date** _____

OTHER MINISTRIES REQUESTED TO SERVE (You must review your event needs with the Ministry Leader of each additional ministry requested to serve at your event)

Ministry: _____ **Signature:** _____ **Date** _____

Ministry: _____ **Signature:** _____ **Date** _____

Ministry: _____ **Signature:** _____ **Date** _____

Ministry: _____ **Signature:** _____ **Date** _____

Ministry: _____ **Signature:** _____ **Date** _____

EVENT SUPPORT FORM

ADMINISTRATIVE SUPPORT NEEDS (To be reviewed with the Administrative Office)

Check all that apply (please note that your ministry may receive an invoice for any items requested, damaged, or lost during your event. This DOES NOT replace the clerical request form):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Online Registration Form | <input type="checkbox"/> Flyers/Postcards | <input type="checkbox"/> Nametags | <input type="checkbox"/> Pens |
| <input type="checkbox"/> Social Media Posting | <input type="checkbox"/> Banners | <input type="checkbox"/> Folders | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Mass advertising | <input type="checkbox"/> Easel/tripod stands | <input type="checkbox"/> Projector | <input type="checkbox"/> Registration Table |
| <input type="checkbox"/> Online Purchase of Additional Materials | | <input type="checkbox"/> Awards, Plaques, T-shirts (Custom design materials) | |

Notes: _____

I have discussed and approved the Administrative Office's role for this event:

Administrative Office Staff Signature: _____ **Date** _____

I have agreed to the terms of the Administrative Office:

Event Ministry Leader Signature: _____ **Date** _____

ADDITIONAL NOTES/REQUESTS NOT COVERED

STOP BE SURE TO STOP BY THE OFFICE TWO WEEKS BEFORE YOUR EVENT FOR REVIEW.

I have reviewed the information requested in this form prior to the event (**no later than 2 weeks prior**) and confirm that all supplies, support & clerical needs have been requested and set up has been reviewed.

Ministry Leader's Signature *Ministry Leader's Name (printed)* *Date*

Admin Office Signature *Admin Office Name (printed)* *Date*

OFFICE USE ONLY

Form Received Completed? Yes No **Date:** _____ **Initial** _____

Submitted at Calendar Meeting? Yes No N/A **Date:** _____ **Initial** _____

Copies to Requested Leaders? Yes No N/A **Date:** _____ **Initial** _____

Trustees? Yes No N/A **Date:** _____ **Initial** _____

Guest Approved? Yes No N/A **Date:** _____ **Initial** _____

Invitation Sent? Yes No N/A **Date:** _____ **Initial** _____

Reply Received? Yes No N/A **Date:** _____ **Initial** _____