

EVENT SUPPORT FORM



Please Refer to the most current Event Policy for form due dates.

EVENT INFORMATION

| | |
|-----------|--------------|
| Ministry: | Event Title: |
|-----------|--------------|

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: _____ |

FACILITATORS/SPEAKERS/GUESTS

| | |
|--|-------------------|
| Name and Affiliation/Church of Guest(s): | |
| Guests Phone: | Email or Website: |

DO NOT EXTEND A FORMAL INVITATION. SEE EVENT POLICY FOR INVITE PROCEDURES.

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

| | | |
|--|--|--|
| <input type="checkbox"/> Entire Campus | <input type="checkbox"/> Parking Lot (Includes Garage) | <input type="checkbox"/> Classroom(s), List Room Preference: |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Sanctuary (Includes Foyer) | _____ |
| <input type="checkbox"/> Kitchen | | _____ |
| | | _____ |

ALL MINISTRIES ARE RESPONSIBLE FOR THE SETUP, TAKE DOWN, AND CLEAN UP OF THEIR OWN EVENTS.

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

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

EVENT SUPPORT FORM

KITCHEN/CULINARY SUPPORT NEEDS

Check all that apply:

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Externally Catered | <input type="checkbox"/> Pitcher(s) | <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Coffee Pot |
| <input type="checkbox"/> In House Catering Requested | <input type="checkbox"/> Pots/Pans | <input type="checkbox"/> Wire Racks | <input type="checkbox"/> Bowls (salad) |
| <input type="checkbox"/> Refrigerator Storage Prior to Event | <input type="checkbox"/> Cooler | <input type="checkbox"/> Trays | <input type="checkbox"/> 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:

MULTIMEDIA SUPPORT NEEDS

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Fellowship Hall Microphone | <input type="checkbox"/> Lapel Microphone | <input type="checkbox"/> Pre-recorded Audio | <input type="checkbox"/> Pre-recorded Video |
| <input type="checkbox"/> Sanctuary Microphones (#____) | <input type="checkbox"/> PowerPoint/Slideshow | <input type="checkbox"/> CD/DVD copies | <input type="checkbox"/> Other: _____ |

Notes:

ADMINISTRATIVE SUPPORT NEEDS

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:

ADDITIONAL NOTES/REQUESTS NOT COVERED

Ministry Leader's Signature_____
Ministry Leader's Name (printed)_____
Date_____
Admin Office Signature_____
Admin Office Name (printed)_____
Date