

_____ Today's Date

Staff Approval

**Eau Gallie First Baptist Church
Special Event Checklist
Facilities / Equipment Request Form**

- *Original Request (Yes) (No)
- * Is this a change from a previous request or currently scheduled event? (Yes) (No)
- * Is this event _____ one time _____ quarterly _____ once a month
_____ bi-monthly _____ once a week

Group/Event Name _____

DATE OF ACTUAL EVENT _____

**ALL DATES MUST RECEIVE FINAL APPROVAL BY THE OFFICE BEFORE
BEING PLACED ON THE CHURCH CALENDAR.
Complete this form for each date needed for event preparation
(rehearsals, planning, etc.) and actual event.**

- Date Needed _____ Event _____
(Or new date if this is a change)
- Room(s) Requested _____

Assigned Room(s)
(Cooling and heating provided only for rooms requested)

TIME OF EVENT: Begin: _____ AM / PM
Conclude: _____ AM / PM

If after 9:00 pm, please contact Larry Porter (259-9622)

- Set Up Time _____ Set Up Day _____ Expected attendance _____
Contact person _____ Phone numbers: Home: _____
Address _____ Work: _____
Cell: _____

AUDIO / VISUAL

- Is this function to be taped? (Yes) (No)
- Do you want an audio staff person devoted to your event? (Yes) (No)
- Will you be using video screens? (Yes) (No)
- Cameras needed? (Yes) (No)

Please specify the number of pieces needed:

- _____ vocal mics _____ wireless vocal mics
- _____ lavalier mics _____ boom stands
- _____ monitors _____ direct boxes
- _____ cassette recorder _____ CD player
- _____ TV/VCR _____ TV/DVD
- _____ video projector _____ screens
- _____ PA system _____ (other _____)

Copy Distribution
___ Henry Block
___ Nakeya Blake
___ David Harpold
___ Becke Parkhurst
___ Millie Ward
___ Original Filed

Set-Up

Please specify the number of items needed:

_____ Chairs: () Classroom style; () Semi Circle; () Seminar seating; () Circle
_____ Rectangle Tables: 6' _____ 8' _____ (with _____ chairs at each table)
_____ Round Tables (with _____ chairs at each table)
_____ Podium
_____ Easel
_____ Whiteboard
_____ Music stand
_____ Stool
_____ Other (_____)

Kitchen Supplies

Please specify the number of items needed:

_____ Dinner Plates _____ Dessert Plates
_____ Cold Cups _____ Coffee Cups
_____ Napkins _____ Plastic Forks
_____ Spoons / knives _____ Condiments

Is beverage service needed? (Yes) (No)

If yes, please mark appropriate areas below.

_____ Regular Coffee _____ Decaf Coffee
_____ Sweet Tea _____ Unsweetened Tea
_____ Ice _____ Water
_____ Sugar and Creamer

Childcare

Is childcare needed? (Yes) (No)

If yes, please fill the following areas out completely.

Total # of children: _____

Needs by Age Group:

_____ 0-12 months _____ 13-24 months _____ 2 years _____ 3 years _____ 4&5 years
_____ 5+ (please list ages of children _____)

Child care must be approved by Nursery Coordinators, Angie Canjar 259-8013
Brenda Harrison 795-7798

Approval Signature _____

Fees

Please note that if the event is not a church sponsored event, there may be a fee attached to the facility or equipment usage. Please speak with Pastor Mark directly concerning this issue.

Fees Charged _____

Fee Collected _____ Date paid _____

Air Conditioning Zones

