

Today's Date: _____

Staff Approval: _____

Eau Gallie First Baptist Church Facilities and Calendar Request Form

**ALL DATES MUST RECEIVE FINAL APPROVAL BY THE OFFICE BEFORE
BEING PLACED ON THE CHURCH CALENDAR .**

Complete a separate form for each date needed for event preparation
(rehearsals, planning, set-up, etc.) and actual event.

***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
- Facility Usage and Calendar Request: _____ Calendar Request: only: _____

Group/Event Name _____

Date of Event _____

Room(s) Requested _____

Assigned Room(s) _____ Expected attendance _____

(cooling and heating provided only for rooms requested)

TIME OF EVENT: Begin: _____ AM / PM Set-up Time: _____
Conclude: _____ AM / PM

Contact person _____

Phone numbers: Home: _____
Work: _____
Cell: _____

Do you need marketing for this event? (yes) (no)

If yes, you need to fill out a marketing request form.

AUDIO / VISUAL

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
_____ direct boxes	_____ CD player
_____ TV/DVD/VCR	_____ video projector
_____ screens	_____ PA system
_____ (other _____)	

DOOR UNLOCK & LOCK SCHEDULE		
	UNLOCK	LOCK
NORTH (Front/Office)	_____ AM / PM	_____ AM / PM
EAST	_____ AM / PM	_____ AM / PM
WEST (Covered Entrance)	_____ AM / PM	_____ AM / PM
SOUTH (Youth Zone)	_____ AM / PM	_____ AM / PM

Use of stages, audio/visual, or any other equipment is subject to availability of technical staff.

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 _____ Unsweet 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

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 _____

Copy Distribution If Applicable

- ___ Candace Reynolds (Kitchen/Food Services)
___ David Harpold (Thermostat and Locks)
___ Perry Salter (Custodian)
___ Keith DeVault (Chair Ministry)
___ Matt Jackson (only if Youth Zone is involved)
___ Millie Ward (Publications)
___ Nakeya Blake/Jennifer Bailey (Childcare)
___ **Original Filed**

Air Conditioning Zones

