



# EVENT NOTIFICATION FORM

Please fill out and return to Joanne Brower as soon as possible.  
This will ensure that the resources you are requesting are available and will be ready.

Date and Time of Event: \_\_\_\_\_ am pm

Event: \_\_\_\_\_

Is this event occurring:  Once    Weekly    Monthly    Quarterly    Other

If other, please explain: \_\_\_\_\_

Time of arrival: \_\_\_\_\_ am pm

Time of departure: \_\_\_\_\_ am pm

Circle room(s) needed: See Reverse Side

Will you need the use of the kitchen:    Yes    No

How many tables of each type will you need?

\_\_\_\_\_ Round    \_\_\_\_\_ 2x6 Rectangle    \_\_\_\_\_ 2.5x8 Rectangle

Total Chairs Needed: \_\_\_\_\_ Per Table \_\_\_\_\_

Please check any additional equipment that will be needed:

Fixed Equipment:	Worship Center A/V	Youth Room A/V
Mobile Equipment:	Television    DVD/VCR	Computer    Projector    Screen
	Sound System    Overhead Projector	Other (list below)

Security needed:    Yes    No

Time needed: \_\_\_\_\_ am pm to \_\_\_\_\_ am pm

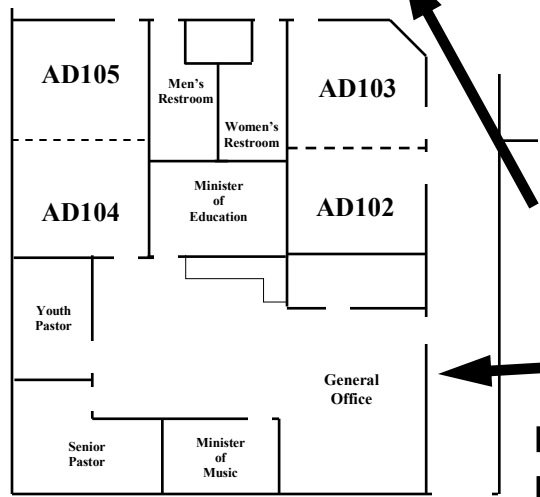
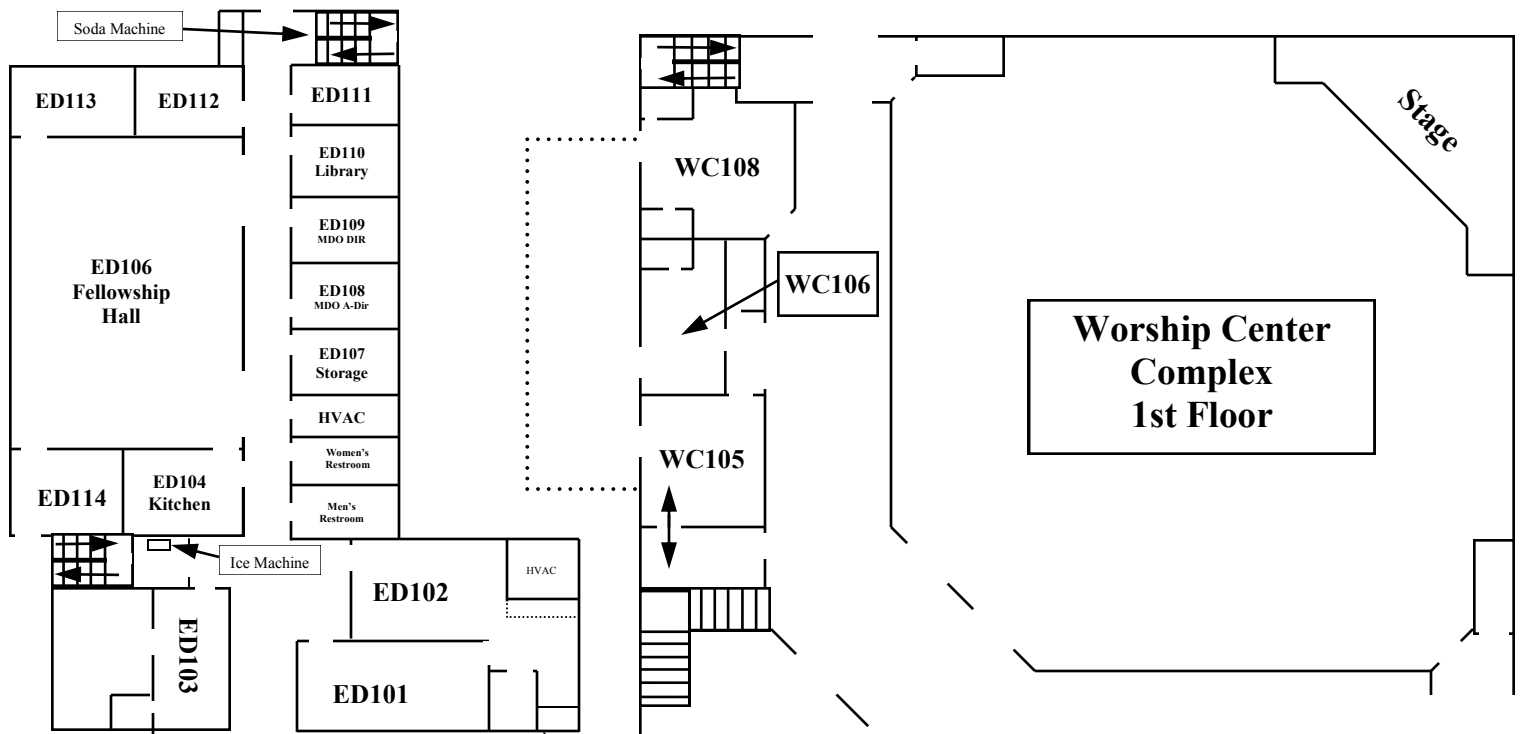
Thank you, this will help in keeping our church and your events running smoothly!

Ministry team: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_



**Education Building 1st Floor**

**Administration Building**

