



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 ___ Refrigerator: 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

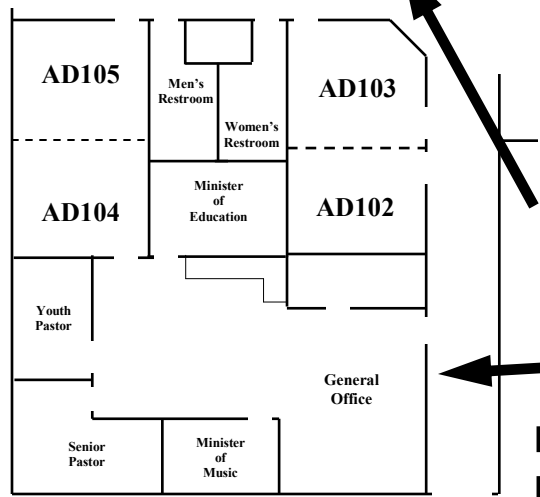
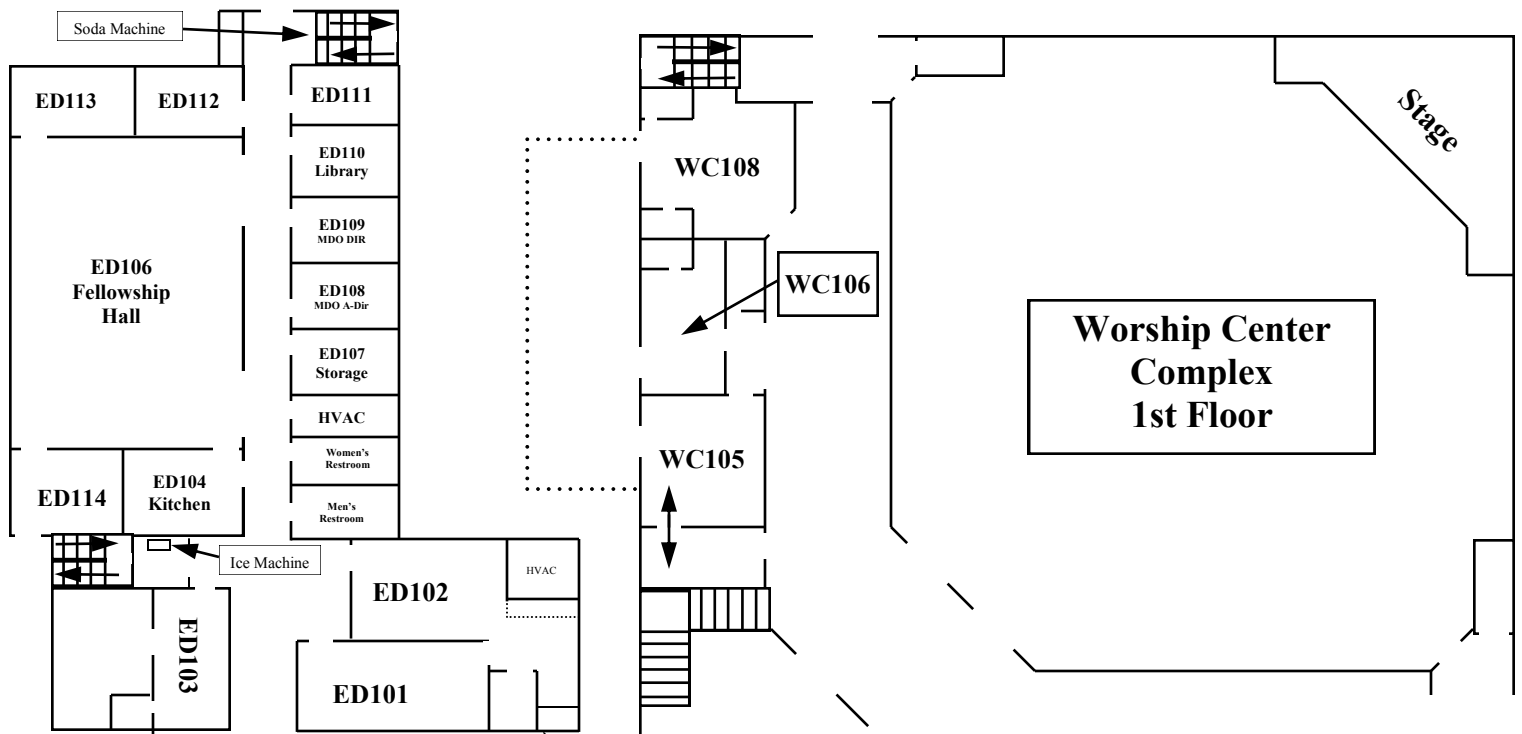
Thank you, this will help in keeping our church and your events running smoothly!

Ministry team: _____

Person responsible: _____

Phone #: _____

Date: _____



Education Building 1st Floor

Administration Building

