

Activity Request Form

Date Form Submitted: _____ **Date of Activity:** _____

Title of Activity: _____

Reason for Activity: _____

Attendees: _____

Details of Activity: Day: _____ Start Time: _____

Day: _____ End Time: _____

Person(s) in Charge: _____

Phone Number where most available: _____

Facilities required:

Chapel

Fellowship hall/kitchen

Family Life Center **NOT AVAILABLE ON SATURDAYS**

Student Ministry Building

Individual Rooms (location & room #'s _____)

Equipment Required: Tables [# _____] Chairs [# _____]

Other: _____

(If the church is setting up tables, chairs, or any other equipment, please draw a diagram of the room layout on the back of this form – you can add sheets if needed)

AVL/SOUND required: Yes No

AVL Person working? _____

Setup Date: _____ **Time:** _____

Clean up Date: _____ **Time:** _____

Person in Charge: _____

Clean Up includes the following: (1) Restore Facility for next event; (2) Empty Trash cans; (3) Store tables & chairs;(4) Clean floor and kitchen area.

Once form is completed, it must be turned into the Church Office. your request will be evaluated and approval given within a reasonable time frame.

Upon approval the originator must review with maintenance director.

Office Use Only	
Request has been: _____	By: _____
Reason: _____	
Distribution: (1) copy to Requestor, (1) copy to office, (1) copy to Maintenance	
Also:	
<input type="checkbox"/> AVL/Sound /	<input type="checkbox"/> Vehicle use/
<input type="checkbox"/> Email notification to <i>all</i> staff	<input type="checkbox"/> Placed on office Calendar