

EVENT REQUEST & PLANNER

Submitted by: _____ Date Submitted: _____ Phone # _____

Email: _____ Name of Function: _____

Date(s) Requested: _____

Times: From: _____ To: _____

circle one Reoccurring Event: Daily Weekly Monthly None

Describe reoccurrences: _____ (EX: first Tues of every month, every other Thursday, etc)

Is Childcare needed for this event? ___ Yes ___ No (If yes, copy form to Minister to Children)

Promotional: please check all that apply

___ Weekly Sunday Bulletin ___ Website ___ Newsletter ___ Flyer ___ Sunday Video Screen
 ___ Newspaper (local) Start Date: _____ End Date: _____

Write your promo here & include contact information:

Rooms Requested (circle all that apply): **UPPER LEVEL**

Sanctuary Office Suite Music Suite Conference/Library 102 Adult
 108 TEL -Adult 105 Adult w/kitchenette 128 Prayer/Discipleship Room

LOWER LEVEL

Fellowship Hall Kitchen Children's Worship Rooms 028/029 (room can be divided)
 008 Creepers 011 Preschool 014 Preschool 026 Elementary 028-029 Children's Worship
 009 Babies 012 Preschool 025 Kindergarten 027 Element/Adult '020 Adult/Teenagers
 030 Adult 032 Adult 031 Adult 033 Adult Parking Lot

Summit Youth House Modular Other: _____

OFF-SITE only: EQUIPMENT CHECK-OUT FOR OFF-SITE EVENTS/PROJECTS

Tables (round or rectangular): # _____ Chairs: # _____ Portable Sound Unit
 Projector / Screen Wheelchairs/Walker Other: _____

EQUIPMENT SETUP NEEDS:

Dry Erase Board & Markers Extension Cords Video Projector Easel
 Speaker Stand Media Cart (DVD, etc) Sound System Wireless Mic

Room Set-Up Diagram: (please show actual # of chairs, tables & special equipment)

_____ APPROVAL

Office Use

Routing: ___ Calendar ___ Bulletin/Newsletter ___ Website ___ Custodial ___ Sound/Media ___ Childcare

Vehicle Use Request

Requested Vehicles:

_____ Van #1 max 11 passenger (10 plus driver)

_____ Van #2 max 11 passenger (10 plus driver)

Date(s) of use: _____ Total number of participants: _____

Destination(s):

Pick up date & time: _____

Return date & time: _____

Is this a reoccurring event (weekly, monthly)? yes no

If yes, please describe

Vehicles used for transporting preschool, children, youth, and at-risk adults must provide an emergency contact name and number (other than vehicle driver) that is able, willing, and legally qualified to drive in case of an emergency.

List name(s) here:

Affirmation Statement:

In requesting the use of van(s) owned by Dahlonge Baptist Church, I have read, and agree to abide by all rules and policies set forth by this Church pertaining to vehicle use and safety. I further state that I will be responsible for seeing that the individual members of the group I represent will also abide by these rules and policies. I further understand that I am responsible to enforce the vehicle pre-check and post-check trip inspections. This pre-check is to be done in advance of the scheduled trip as to allow for vehicle repairs.

Signed: _____

Date: _____

This Request is: Approved Denied

Signed: _____ Date: _____