

EVENT REQUEST & PLANNER Office Manager: Dianne King dianne@dbch.org

Submitted by: _____ Date Submitted: _____ Phone # _____

Email: _____ Name of Function: _____

Date(s) Requested: _____

Times: From: _____ To: _____ *circle one:* Reoccurs: Daily Weekly Monthly None

SET-UP DATES & Times: _____

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 Sherrie Gray sonshine@dbch.org)

Promotional: Media@dbch.org, Allison South

The information you provide is vital to the successful production of quality media that will be a reflection of DBC. Please take the time to fill in all relevant information. All media requests must be made a minimum of 30 days prior to the scheduled date.

___ Monthly Sunday Bulletin ___ Website ___ Newsletter ___ Poster ___ Sunday Video Screen
 ___ Social Media ___ Email Blast Start Date: _____ End Date: _____

TEXT INFORMATION (Please pay close attention to the proper spelling of names and locations)

SPECIAL INSTRUCTIONS (Let us know if you have special design instructions)

If you will be providing media, we recommend the following specifications for your **media elements** :

PHOTOS: Minimum Resolution 1000+ pixels (150+dpi)

VIDEO: Minimum Resolution 1280x720 (*Widescreen is preferred. Vertical video is not recommended.*)

LOGOS & OTHER ARTWORK: Minimum Resolution 1000+ pixels (150+dpi)

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

Music Suite Conference/Library 102 Adult 113 Conf Room #2 108 TEL/Adult 105 Adult/kitchenette

LOWER LEVEL

Fellowship Hall Kitchen Children's Worship Rooms 028/029 (room can be divided) Parking Lot

08/09 Babies 011 Preschool 12 Preschool 14 Preschool 27 Elem/Adult

26 Elementary 25 Elementary 30 Element/Adult 31 Adult 32 Adult 33 Adult Summit Modular

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

Tables (round or rectangular): # _____ Chairs: # _____ Portable Sound Unit

Projector / Screen Wheelchairs/Walker Other: _____

OVER for Room Set Up

Office Use

Calendar Approval, Dianne: _____ Administrator Approval: NO YES Signature: _____

Routing: ___ Calendar ___ Media/Communications ___ Custodial ___ Sound/Worship ___ Children