

EVENT REQUEST



Date of Request: _____

From: _____

To: _____

Event Name & Description: _____

Sponsoring Ministry: Event Dates: _____ - _____

Location: _____ Number Attending: _____

Beginning Time: _____ Ending Time: _____

Person Responsible: _____ Phone: _____

AUDIO VISUAL:

Power Point

TV

Fellowship Hall Sound

Overhead Projector

DVD Player

Worship Center Sound

Video Projector

Music Stands

Lighting (Worship Center only)

Screen

Other _____

Microphones (#):

Microphone stands (#):

Boom (#):

Headworn/Lapel Mic:

FOOD SERVICE:

Number to Serve: Serving Tables (#): Charge to Budget:

Tables & Chairs

Dinner Plates

Coffee

Ice Chest

FABRIC TABLECLOTHS:

Cold Cups

Napkins

Knives

Ice

Round

Hot Cups

Dessert Plates

Forks

Ice Water

6 Foot

Iced Tea

Bowls

Spoons

Salt & Pepper

CHILDCARE NEEDED: Yes No Contact Name and # _____

MAINTENANCE: