

SERVICE & EVENT REQUEST FORM

(Please allow 10 business days for processing)

Approved: Yes No

Bishop's Approval: Yes No Signature: _____

Section 1: GENERAL INFORMATION

Event Name/ Description:	Host Ministry or Individual:
Point of Contact/s:	Home No:
Email:	Cell No.

QUICK EVENT ONLY: Announcement Only Before Service Event After Service Event Fundraiser

(Complete Section 2 and Section 3 if applicable)

Section 2: DATES AND TIMES OF EVENT

Note: Quick Events must be scheduled 30days in advance. All other events must be scheduled 60 days in advance.

No. of scheduled days for this event:					
Event Dates:					
1 st Choice:	Start date:	End date:			
2 nd Choice:	Start date:	End date:			
Event Times:					
Day 1	Start	End	Day 2	Start	End

Section 3: EVENT ASSISTANCE

In-house	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> Sanctuary <input type="checkbox"/> J.A Reid Hall <input type="checkbox"/> Parking lot
Off-site (<i>Complete Section 6</i>)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Transportation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes <input type="checkbox"/> One-way <input type="checkbox"/> Roundtrip
Desktop Publishing	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Pre & On-site Registration	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, Registration Cost: Deadline Date:
Culinary	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> Food prepared
Room Set Up	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Events Coordinator Assistance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Contact Donna Wyatt @ 703-242-2496
Music Accompaniment (<i>30 Day Advance Notice</i>)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, type:
Equipment Rental	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, please attach specifications & cost
Multimedia (audio/visual) (<i>Complete Section 5</i>)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

Section 4: SPECIAL GUESTS

Note: Church Clerk will contact and confirm ALL Guests.

1st Choice:	
Title/Name:	Affiliation _____ Phone Number or Email: _____
2nd Choice:	
Title/Name:	Affiliation _____ Phone Number or Email: _____
Overnight Accommodations Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of Nights _____	
Hotel Preference & Location (if known) _____ Transportation required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5: MULTIMEDIA SUPPORT

Note: Multimedia requires a minimum of 30-days advance notice before an event.

(Please indicate type of equipment or assistance needed)	
<input type="checkbox"/>	Video: Projection Equipment, television, overhead projector, LCD, large screen, media shout, power point
<input type="checkbox"/>	Audio: house or portable microphones, portable speaker, compact disc player,
<input type="checkbox"/>	Lighting Accessories (e.g., stage, theatrical, special lighting equipment, etc.)
<input type="checkbox"/>	Computer (e.g., desktop or laptop)
<input type="checkbox"/>	Event Accessories (e.g., podium, riser, flip chart, electric laser pointer, walkie-talkie, etc.)
<input type="checkbox"/>	Technical Personnel (e.g., projectionists or stage hands)
<input type="checkbox"/>	Announcement posted on wide screen (Desktop Publishing requirements--see guidelines)

Section 6: OFF-SITE FACILITY

1st Choice		
Facility Name:		
Address:		
Point of Contact:		
Phone No.:	Fax No.:	E-mail:
2nd Choice		
Facility Name:		
Address:		
Point of Contact:		
Phone No.:	Fax No.:	E-mail:
Contract Required Yes <input type="checkbox"/> No <input type="checkbox"/> Deposit Required Yes <input type="checkbox"/> No <input type="checkbox"/> Amount of Deposit \$ _____		
<i>Business Office Personnel or the Events Coordinator represents the church in ALL contractual matters.</i>		

Section 7: OFF-SITE FACILITY REQUIREMENTS

Estimated Attendance No:			
Meeting Room Set-Up	<input type="checkbox"/> Theatre	<input type="checkbox"/> Round – Full	<input type="checkbox"/> Round - Crescent <input type="checkbox"/> Other:
Breakouts	# of Breakouts	Avg. # of Participants per Breakout	Sales Table
Day 1:			
Day 2:			
Overnight Accommodations Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/>	Number of guestrooms prior to Day 1		
<input type="checkbox"/>	Number of guestrooms on Day 1		
<input type="checkbox"/>	Number of guestrooms on Day 2		
Refreshments Required			
	Number of Beverage Breaks	Continental Breakfast	Lunch
		Yes No	Yes No
		Yes No	Yes No
Day 1:			
Day 2:			

Section 8: ANTICIPATED BUDGET

Anticipated Income (if applicable) \$ _____

Anticipated Expenses

Facility (housing) \$ _____

Food and/or Beverage \$ _____

Printed Materials (flyers, programs, brochures) \$ _____

Transportation (Driver/Gas) \$ _____

Equipment Rental \$ _____

Speaker/Guest Honorarium \$ _____

Gifts/Door Prizes \$ _____

Postage \$ _____

Child Care \$ _____

Supplies (including decorations) \$ _____

Other: _____ \$ _____

Total Anticipated Budget: \$ _____

Anticipated Income (after expenses) (if applicable) \$ _____

Will this event require financing? Yes No If yes, how much?: _____

Note: Business office should be notified immediately when an advance is required to determine if funds are available.

Ministry Leader's Signature (Required):	Date:
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For Admin Use Only Received by:	Date Received:	Date Returned to Ministry:
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