

Today's Date: ___/___/___

09/28/07 Date Adopted

Approval Date: ___/___/___ **TRINITY UMC**

Calendar/Event Request Form

This form **MUST** be completed and returned to the Program Assistant's office in the main church building **at least two weeks in advance of event**. All requests will be reviewed by the staff before your activity can be placed on the calendar. You will be notified if there is a problem with your events scheduling status. Nursery offered for ages infant through 3 years, for church wide events only.

Activity Date: ___/___/___ **Activity Begin time:** ___:___ **Activity End time:** ___:___
(Information provided will be used for publication of event)

Name of Activity: _____

Name of group or individual requesting space: _____

Contact Person: _____ Phone: _____ Email: _____

Number Attending: _____ Nursery Needed: Yes No (Offered only to Church Wide Events)

Staff Person Assigned: _____

Any group without a staff liaison will be assigned one.

For Off-site Calendar Events Please List Location: _____

Recurrence Pattern

<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Bi Weekly <input type="radio"/> Monthly <input type="radio"/> Bi Monthly <input type="radio"/> Quarterly	Recurring Every _____ week(s) on: <input type="radio"/> Sunday <input type="radio"/> Thursday <input type="radio"/> Monday <input type="radio"/> Friday <input type="radio"/> Tuesday <input type="radio"/> Saturday <input type="radio"/> Wednesday	Range of Recurrence Start Date: ___/___/___ End Date: ___/___/___
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Rooms/Services Needed: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Brick House | <input type="checkbox"/> Learning Cottage #1 | <input type="checkbox"/> Seeker's Room |
| <input type="checkbox"/> CCC Classrooms | <input type="checkbox"/> Learning Cottage #2 | <input type="checkbox"/> Welcome Center |
| <input type="checkbox"/> Choir Room | <input type="checkbox"/> Learning Cottage #3 | <input type="checkbox"/> Women Growing in Faith Room |
| <input type="checkbox"/> CLC Classrooms | <input type="checkbox"/> Learning Cottage #4 | <input type="checkbox"/> Young Adult SS Classroom |
| <input type="checkbox"/> CLC Gym | <input type="checkbox"/> Alpha SS Class | <input type="checkbox"/> Youth Building |
| <input type="checkbox"/> CLC Kitchen | <input type="checkbox"/> Learning Cottage #5 | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Emanon Room | <input type="checkbox"/> Hitchhiker SS Class | <input type="checkbox"/> Sound System |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Life Support Room | <input type="checkbox"/> TV/VCR/DVD |
| <input type="checkbox"/> F. Hall Kitchen | <input type="checkbox"/> Men's SS Room | |
| <input type="checkbox"/> Good News | <input type="checkbox"/> Sanctuary | |

Other: _____

Basic Room Set Up:

Number of Round Tables: _____

Number Of Rectangle Tables: _____

Number of Chairs: _____

Set up Deadline: date ___/___/___
time ___:___ am / pm

If there is a specific room setup desired, please sketch and briefly explain on the back of this page.

No Set up Required

OFFICE USE ONLY

Custodian notified: ___/___/___

CCC Director Notified: ___/___/___ (as needed)

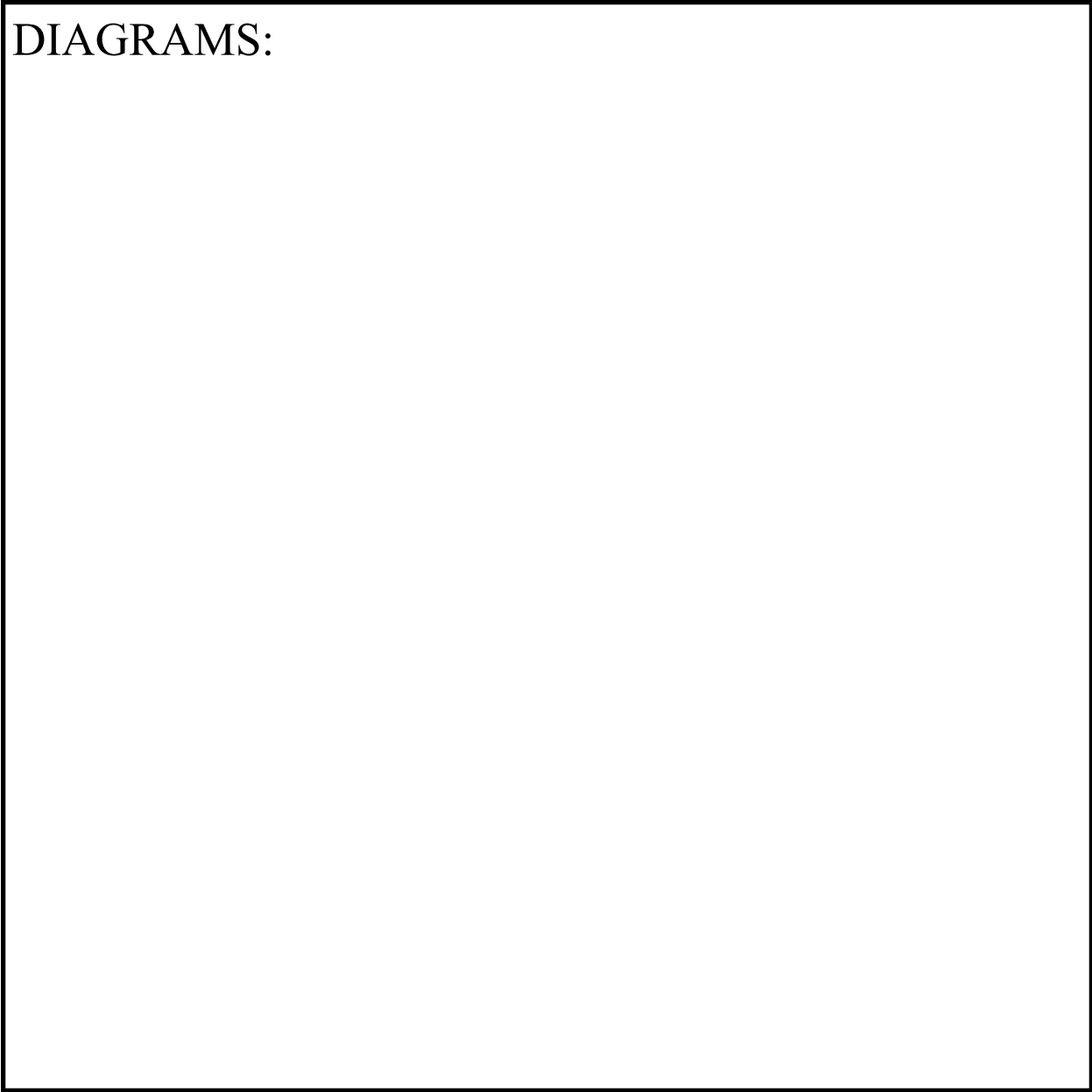
Dir. Children & Youth Notified: ___/___/___ (as needed)

Tear Down Deadline: ___/___/___ ___:___

Entered on Calendar: ___/___/___

*All events must comply with the Trustees' "Policies and Procedures for the Use of the Church's Buildings, Equipment, Furniture and Grounds."

DIAGRAMS:



Special Instructions
