

First Baptist Church of Niceville Calendar/Resource/Support Request Form

Original () Change () Cancellation () Today's Date: _____

This form must be filled out completely for your event/function to be placed on the church calendar. Calendar/Resource/Support requests are considered for approval during weekly staff meetings. **Must be submitted three weeks prior to the event/function.** You will be notified by the ministry area when the request has been approved.

NAME OF EVENT: _____

Event Date: _____ Circle Day: **Sun Mon Tue Wed Thur Fri Sat**

Set up Time: _____ to _____ Event Time: _____ to _____

Ministry Responsible: _____ **Point of Contact:** _____

Hm Phone: _____ Wk Phone: _____ Cell: _____ email: _____

Ministry Code _____

Space Requested: () Sanctuary () Chapel () Music Suite () Kids Worship Center () Gym
() Lg. Kitchen () Sm. Kitchen () Office Conference Room () High School Room
() Fellowship Hall () Haigler Conference Room () College/Brown House
() Other: _____ KEY NEEDED? _____

If function is not on church property, where? _____

If space requested requires special set-up, please draw diagram on the back of this form.

CHILD CARE NEEDED: () yes () no Ages: _____ # of children expected: _____

CHILD CARE Forms must be submitted at least 2 weeks prior to event to ensure adequate number of workers are available.

Audio Visual Requirements: () Microphone (how many ____)() portable sound system () TV () DVD () VCR
() screen () overhead projector

General Supplies: () white board () other _____

Hospitality

Consultation with church hostess? Y/N

Type of meal (ie., catered by church hostess/outside catering, covered dish) _____

If event is being catered by an outside catering service, who? _____

*****YOU ARE RESPONSIBLE FOR CONTACTING HOSTESS**

Supplies needed: _____

How many people are expected? _____ Can you help with set up? Y/N Clean up? Y/N

TRANSPORTATION- Church Vans? Y/N People Mover _____ # of Passengers _____

of Vans requested: _____ Trailer? Y/N

Approved FBCN Driver (CDL req. for People Mover): _____

STAFF MEETING ACTION: Date _____

Approved- Y/N Comments _____ Requesting person notified by: _____ Date: _____

Ministry - Pastoral Education Music Senior Adults Youth Children Administration

Resource/Support notification ---- Custodial _____ Transportation _____ AV _____ Publication _____ Hostess _____
Childcare _____

Building key issued _____ Assigned van- **#2 #3** People Mover _____ key issued _____ Trailer _____

Transportation form _____ Fees _____ Minister on Call _____