

COMMUNITY OF GRACE – EVENT CHECKLIST

DATE OF EVENT _____ DATE FORM SUBMITTED _____
Must be submitted 30 days in advance of event

EVENT NAME _____

EVENT TYPE _____

ANTICIPATED NUMBER ATTENDING _____ Age / Gender / Group Specific: _____

TIME OF EVENT: Start Time _____ End Time _____

PRIMARY CONTACT PERSON _____ Email: _____

Telephone Numbers: Primary _____ Alternate _____

ROOMS / AREAS REQUESTED (check all that apply)

- Main Auditorium
 White House
 Fireside Room
 Other Pre School _____
 W/H Kitchen
 ELC Kitchen
 M/A Kitchen
 Pastor's Study
 M/A Courtyard
 W/H Lawn
 Other _____

EVENT TIME LINE

Room(s) Set Up Date / Time _____
 Decorating Date / Time _____
 Clean Up Date / Time _____
 Room Restored Date / Time _____

PUBLICITY

Responsible Party _____
 Church Bulletin Announcement YES NO
 Bulletin Text Requested: _____

RESPONSIBLE PERSONNEL

<u>Task</u>	<u>Name / Phone</u>
Room(s) Set Up	_____
Room(s) Restored	_____
Clean Up Checklist	_____
Unlock	_____
Lock Up	_____

Completed By: _____

CHURCH SERVICES REQUESTED

- Set Up / Tear Down
 Janitorial
 Childcare
 Fellowship: Food/Equipment
 Decorating
 Church Office Support - Specify: _____
 Sound / Technical
 Video Projection
 Worship Team

NOTE: If utilized, the following church services will be charged for non-church events: SET UP/TEAR DOWN, JANITORIAL, SOUND/TECHNICAL, VIDEO PROJECTION, CHILDCARE. Inquire with Church Office for current rates.

THIS SECTION FOR CHURCH OFFICE USE ONLY
 DS _____ DR _____ DD _____

SET UP DIAGRAM

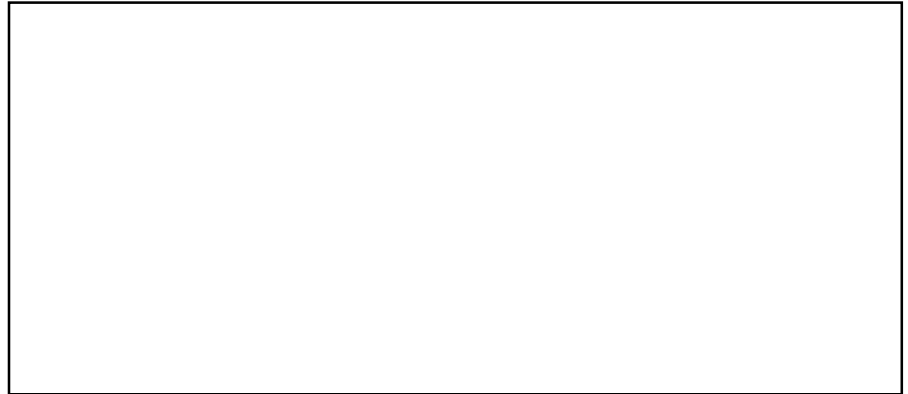
Room Layout & Design Sketch

Tables: _____

Chairs: _____

Other Furniture (specify) _____

Misc. Set-Up Needs: _____



Decorating: Yes No Provided by: _____

FOOD SERVICE

Food Service Provided? Yes No

Food Provider: (i.e. church, caterer, private party, pot luck) _____

On Site Food Preparation? Yes No Name _____

Person(s) Responsible for Kitchen Cleanup: _____ Phone _____

Church Food Service Items Requested (check all that apply)

Tablecloths Plates/Utensils Cups Napkins Punch Bowls Coffee Pots

Decorations (specify): _____

SOUND & TECHNICAL SUPPORT

Reason for Technical Support (check all that apply)

Speaker / Presenter Name: _____ Phone _____

Live Music Artist(s) _____ Phone _____

Instrumentation: _____

Prerecorded Music (Note: Only digital formats accepted: CD, MP3, iPod)

Video Projection Specify Type: (Power Point, Video Playback, Lyrics) _____

Digital Audio Recording

CHILDCARE

Number of children expected _____ Age Ranges _____

Sign Up Required Yes No

Sign up date deadline _____

Volunteer Paid Worker Names: _____

Note: Church must pre approve all childcare workers not affiliated with Community of Grace.