

EVENT REQUEST FORM

Check One: Original Revised Cancel

Event: _____

Date(s): _____

Day(s) of Week: _____

Beginning/Ending Times: _____

Set Up Day/Time: _____

Room/Area of Activity: _____

<i>SOUND TECHNICIAN:</i>
NOTES: _____

Estimated Number of Persons Attending Event: _____

Contact Person: _____

Phone Number: _____

Person in charge of tear-down/clean-up/lock-up: _____

Phone Number: _____

KEY NEEDED: _____

If non-member, how did you hear about this church?

Check here if food is being served at this event: _____

Tables: _____ Chairs: _____

SKEMATIC ATTACHED: _____

Church Van _____ Bus _____

EVENT PROMOTION FORM ATTACHED: _____

Check Equipment Needed:

Overhead Projector _____

TV _____

VCR _____

DVD _____

White Board _____

Other: _____

Speakers: _____

Special Instructions: _____

Singers: _____

Musical Instruments: (Please list all) _____

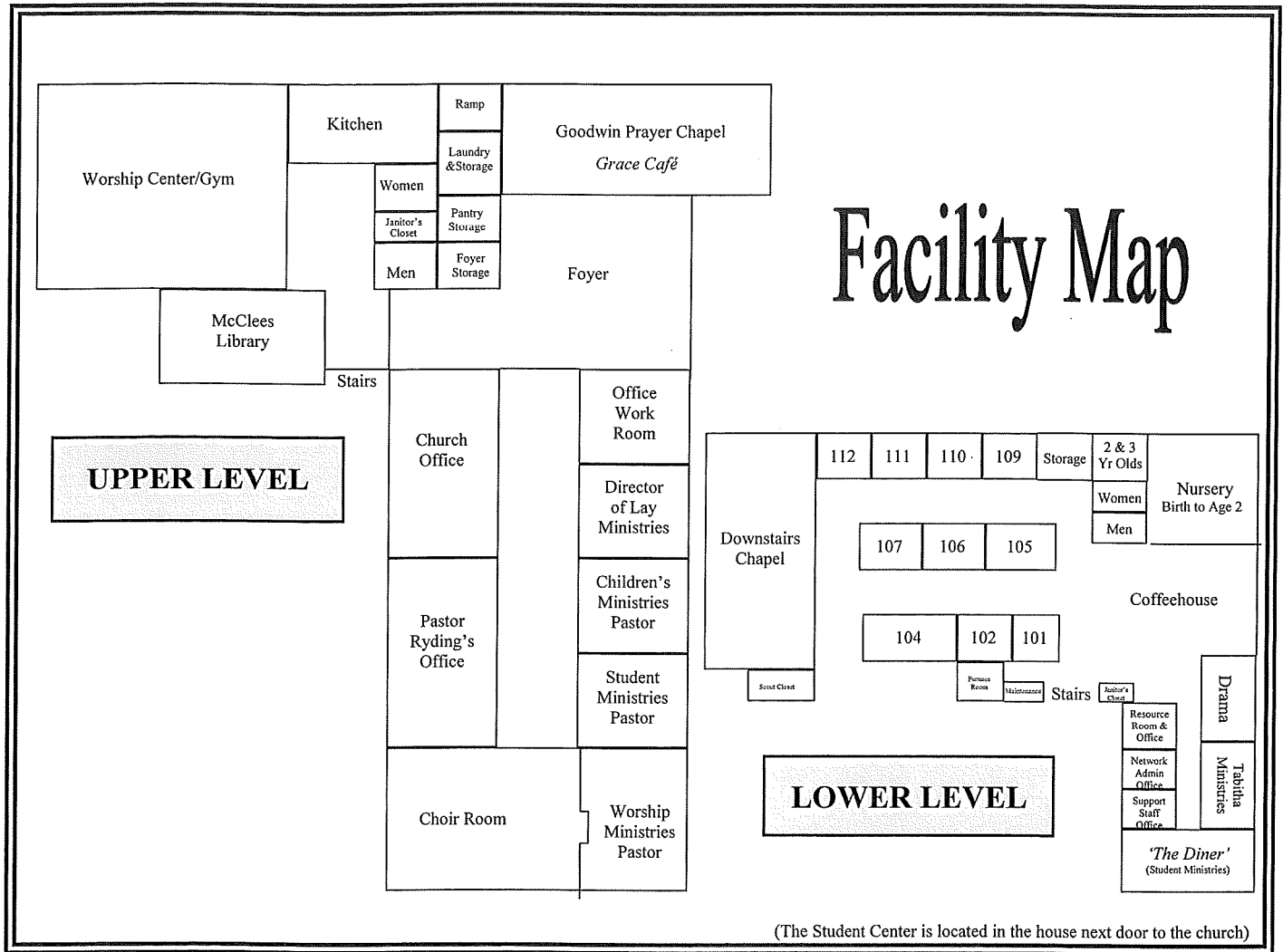
Circle which apply:

Audio: CD CASSETTE BACKGROUND MUSIC ACCOMPANIMENT TRAX

Video: VHS DVD VISUAL SLIDE SHOW COMPUTER PRESENTATION

Lighting: SPOTLIGHTS DIMMERS ELECTRICAL OUTLETS

Any Extra Information: _____



FACILITIES USAGE GUIDELINES

- I understand that approval of this request depends upon calendar clearance (minimum of 10 days in advance) and Church Leadership Team policy.
- I understand that immediately after the event, the following must be cared for:
 - (a) The room must be restored to its original set-up.
 - (b) Tables and chairs must be put away in their proper storage place.
 - (c) All trash shall be put in plastic bags and deposited in the outside trash containers.
 - (d) All lights shall be turned off, heat/air turned down, and doors/windows shut and locked.
- I understand that alcoholic beverages, smoking and narcotics are prohibited and that adequate adult supervision of the building must be provided at all times.
- I understand that there is to be no running inside the building or hanging on banisters.
- I understand that I will be responsible for appropriate fees that apply for the use of facility and its workers. (See Schedule of Fees and Policy)
- I understand that Centralia Church of the Nazarene shall be reimbursed for any damage resulting from usage of its facilities and that users making this request shall assume complete responsibility. I have read the guidelines of this application and agree to abide accordingly.

Signature: _____