

SCHEDULING APPLICATION

(PLEASE FILL-IN ALL INFORMATION BEFORE TURNING IN)

ALLOW at least 1 WEEK FOR APPROVAL

Turn in or FAX, 480-722-0770, application to the Office. You will be notified of approval by the Office.
Notify the office of any changes ASAP.

EVENT SUMMARY:

Sponsoring Pastor (signature required) _____ (date) _____

Name of Event: _____ Day(s) S M T W T F S

Event Date: _____ Recurring? ___ Yes ___ No: If yes, describe _____

Alternate Date: _____

Times: Start _____ End _____ Setup _____ Clear _____

Brief description of event: _____

Number people expected: _____

Contact: _____ Phone: AM _____ PM _____

FOR THIS EVENT I WILL NEED: (PLEASE CHECK ALL THAT APPLY.)

___ Room(s) _____

___ Other location(s) _____ (lawn, basketball lot, Ramada...)

___ Van - Driver(s): **Approved?** ___ **YES**, paperwork on file ___ **NO**, need to file paperwork @ office

1) _____

2) _____

3) _____

___ Kiosk

___ Kitchen ? Oven use Trained for lighting of oven? ___ **YES** ___ **NO** please schedule a time _____

___ Childcare (subject to approval) # of children _____

SETUP NEEDED FOR THIS EVENT: (If applicable, DRAW LAYOUT ON BACK OF FORM)

___ CHAIRS: # _____

___ TABLES: round # _____ rectangular # _____

___ Other _____

PRESENTATION EQUIPMENT NEEDED FOR THIS EVENT: (Tech required if in sanctuary)

___ Sound System

___ PowerPoint

___ Whiteboard

-----*For Office Use Only*-----

Submitted: _____ (date) Entered in Logos _____ (signature)

Administrator Approval _____ (signature)

Property Approval _____ (signature)

Facility Approval _____ (signature)

Childcare Request approval _____ (signature)

No childcare requested as of _____ (date) _____ (signature)

Notified _____ (date) _____ (signature)