



Today's Date: _____

Request to Schedule Event

*Return completed Form to Calendar Coordinator
You will be notified via email once your request has been approved
Please allow 1 week for processing*

Name of Event: _____ Contact/ Requestor Name: _____

Phone Number: _____ Email Address: _____

Ministry Department: _____ Publish on Sunday Newsletter Calendar? YES NO

Date of Event: _____ Day of Week: _____ One time? _____

Multiple Dates: _____ Weekly: _____ Monthly: _____ Bi-Monthly: _____ From: ___/___/___ To: ___/___/___

*Omit Dates (breaks or holidays) _____

Set up Time: _____ : _____ Start Time: _____ : _____ End Time: _____ : _____ Clear By: _____ : _____

****ALL EVENING EVENTS MUST BE ENDED AND CLEANED UP BY 9:30pm****

Circle Room Choice

Nursery: N1 N2 N3 N4 N5	Classrooms: 101 A B 102 A B C 103 A B 104 A B 105 A B 106 A B
	107 108 A B 109 A B 110 111 113
<i>*contact Nursery Coordinator if childcare is needed-Approval by CM Director is needed _____</i>	Student Center Student Center Breakout Rooms: SC1 SC2 SC3 SC4
Hess Hall A Hess Hall B Hess Hall Kitchen	Chapel: C B A Kitchen Music Room Parlor
Sanctuary Lobby Celebration Center	Celebration Center Classroom Celebration Center Kitchen

Equipment

Round Tables: _____ Long Tables: _____ Chairs: _____ Other: _____	Number of people Expected: _____
Projector: _____ Screen: _____ Podium: _____ TV/DVD Player: _____ Sound System: _____ Screen: _____ Microphone: _____	
** You are responsible for contacting Steve Menlen prior to your event to set up technical/Sound Equipment 810-494-4024**	

This event must be approved PRIOR to publishing and inviting. It will be placed on the church calendar after it has been approved and you will be notified via email when the process is completely approved. This process takes approximately 1 week.

Please do not assume your request has been approved until you have been notified.

I understand that I or my group must leave the room as we found it. All trash must be thrown away after my event(s). Also, if my event(s) are cancelled, I agree to contact the Facilities Manager 810-494-4015 or calendar coordinator 810-494-4032 so the room(s) can be freed up for other people/groups to use.
Requestor Signature: _____

Date Received: _____

This Section—Office Use Only

Calendar Coordinator: _____ Date Entered: _____ Building Management Approval: _____
Conflict Explanation: _____
Date Requestor Contacted with Approval: _____ Via: _____ Ministry Approval: _____