

Request to Schedule Facility Form "peach sheet"



Date Request Submitted: ___/___/___ Requested by: _____ Received by: _____

what Event Title: _____
staff only - name: _____ day(s) out: vac conf misn retrt swap sick other: _____ location: _____

why Description: _____

who **Contact:** _____ staff/TM contact: _____
for non-church events, contact must be present at event, must sign form, and will be given key to be returned after event
 land phone: _____ mobile: _____
 email : _____
 address: _____

WAIVER: I have read, understand and will follow the Facility Use Policy of Cicero Christian Church. I am responsible for damage or accident while using CCCs facility. Cicero Christian Church is released of any liability associated with the event described.

Number Expected: _____ *signature:* _____

when **Desired Date(s):** From: ___/___/___ To: ___/___/___ SUN MON TUE WED THU FRI SAT
 multi-date event, LIST ALL DATES _____
 Comments: _____

recurring event scheduled no longer than 6 months
 Specifics if setup/teardown is other than event day:
Time: Actual Event From: ___:___ am pm To: ___:___ am pm
 Setup/Teardown: From: ___:___ am pm To: ___:___ am pm comments: _____

where **Location:** (list all rooms needed, map on reverse) _____
 or Off Campus Location: _____

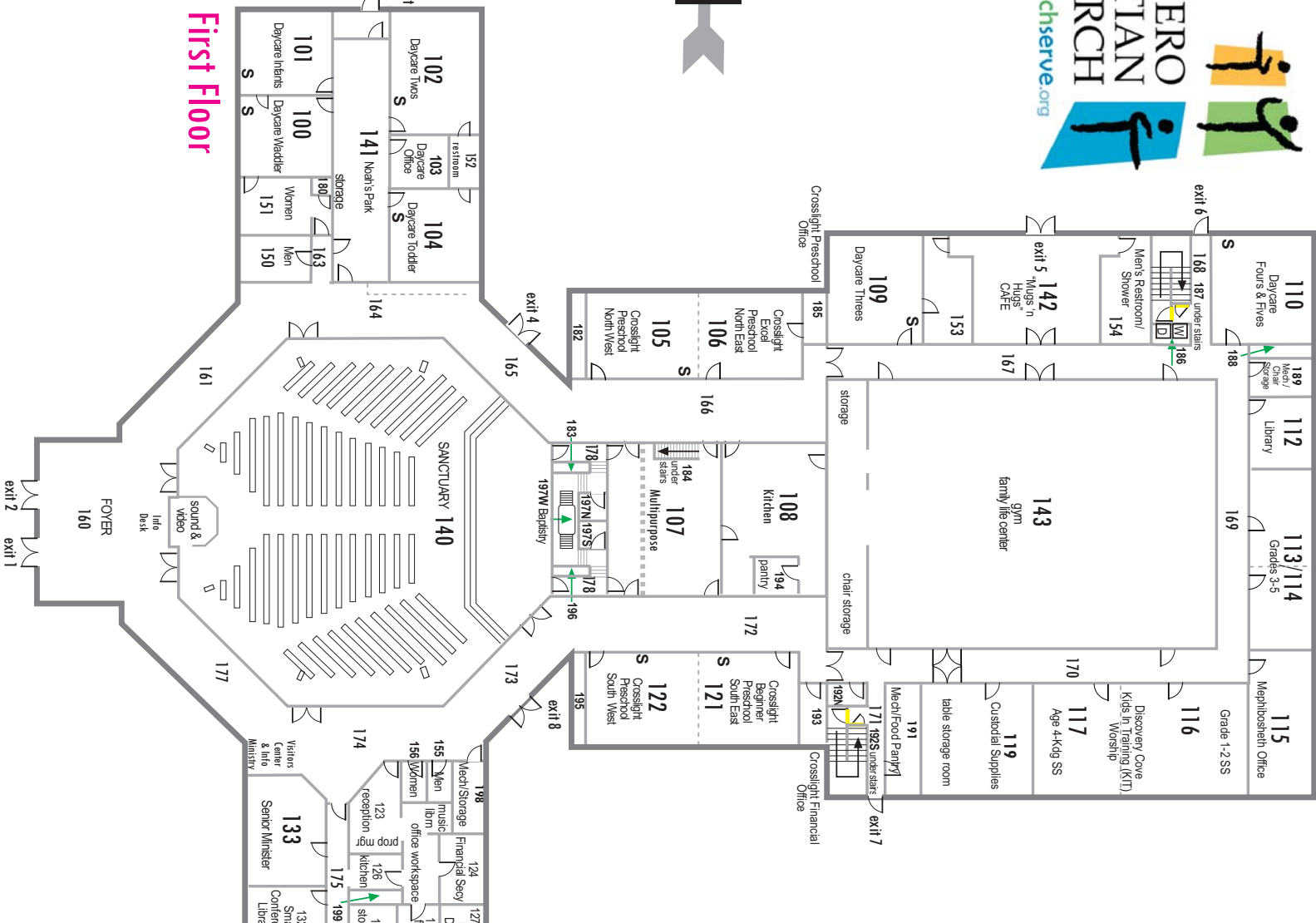
how **Childcare:** No Yes ages: _____ responsible: _____ *for church events only*
Kitchen Access: No Yes *Kitchen access may be shared; MUST complete secondary cleanup form in kitchen*
Technical: No Yes: Sound Video Projection Slides to Create *fees for non-church events*
Equipment: (circle) TV DVD VCR Digital Projector Mic/Speakers Screen Audio Computer
 other: _____
Setup/Teardown: provide diagram _____
 custodial help (fee may be required) comment: _____

Financial attendee: no cost funded by: budget/gift: _____ fee \$ _____ for: _____ due by: ___/___ to: _____
renter: waived / fee \$ _____ collected ___/___ / donation station _____ collected ___/___
 Special Offering? No Yes *name, address, social security number and other tax details required - See Financial Secretary*
Key: no yes; name if other than contact: _____ returned ___/___

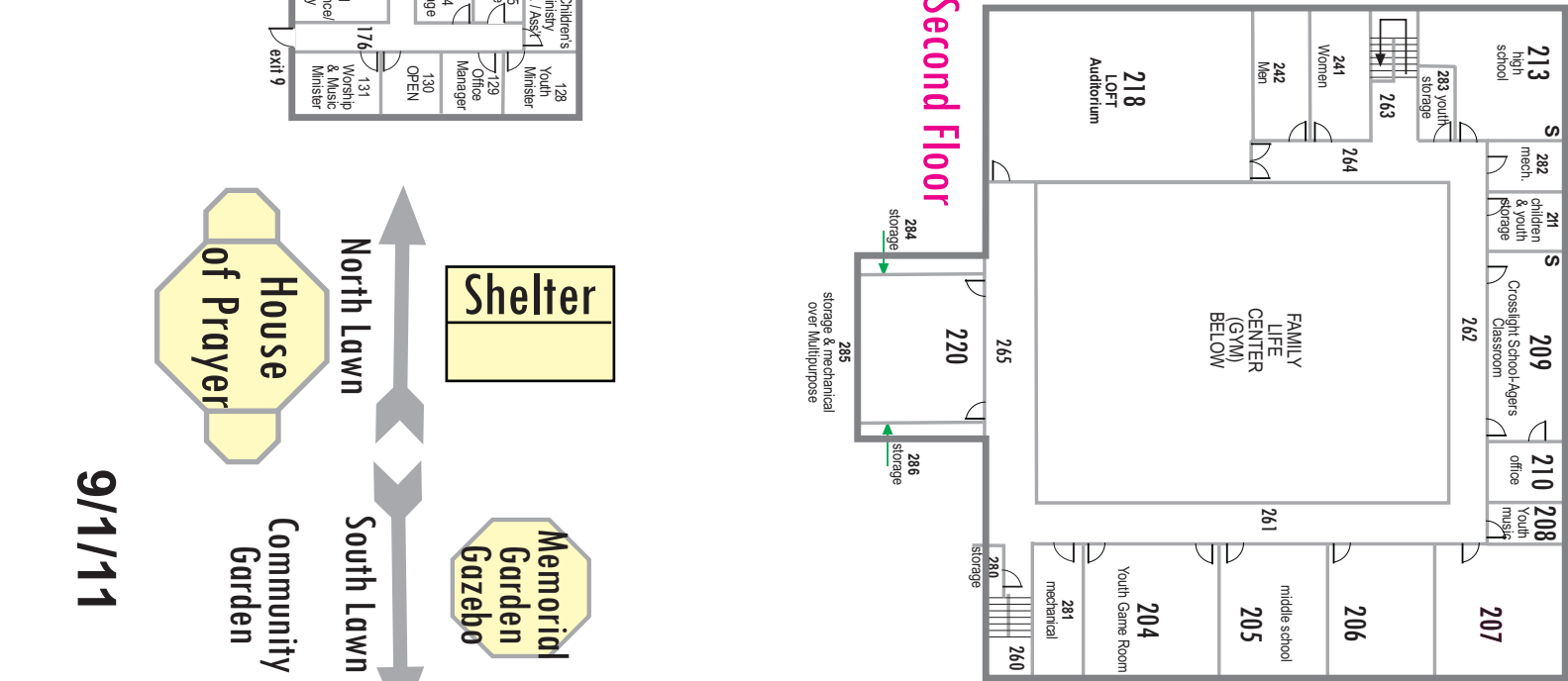
promo *provide "who, what, when, where, why, how" on other paper if needed!*

	QB	Done/Date
<input type="checkbox"/> Church Calendar conflicts? <input type="checkbox"/> no <input type="checkbox"/> yes: _____		<input type="checkbox"/>
<input type="checkbox"/> Promote on church website		<input type="checkbox"/>
<input type="checkbox"/> Bulletin Announcement (provide content) date: ___/___/___		<input type="checkbox"/>
<input type="checkbox"/> PowerPoint Slide (foyer monitors, service; provide content) date: ___/___/___		<input type="checkbox"/>
<input type="checkbox"/> Graphic theme to be created or already exists (describe in detail)		<input type="checkbox"/>
<input type="checkbox"/> Posters: (list sizes & quantity) _____		<input type="checkbox"/>
<input type="checkbox"/> Foyer Display: _____ start date: ___/___/___ end: ___/___/___		<input type="checkbox"/>
<input type="checkbox"/> Sign Up Sheet for foyer date: ___/___/___		<input type="checkbox"/>
<input type="checkbox"/> Exterior Sign (provide details & date needed) date: ___/___/___		<input type="checkbox"/>
<input type="checkbox"/> Ministry Moment (if available, see Doug for secondary form)		<input type="checkbox"/>
<input type="checkbox"/> Other: _____		<input type="checkbox"/>

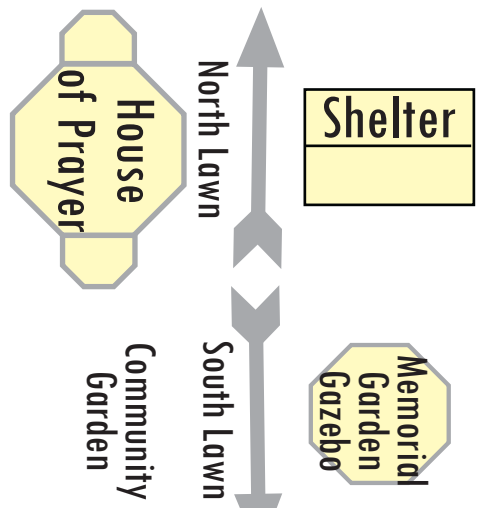
when complete return to secretary or place in mailbox labeled CALENDAR REQUESTS in the main office 9/1/2011



First Floor



Second Floor



9/1/11