

Event Planning Page

NO Set-Up Event

Complete entire form and return to the Church Calendar Coordinator in the office. Please keep a copy of your **PAGE** to verify information submitted. ***This form is designated for private or public events/meetings that do not require a change in set-up or food/drinks accommodations.***

EVENT NAME: _____

This event REPLACES a previously planned event

Explanation (i.e. what is changing): _____

ONE-DAY EVENT

____ - ____ - ____

Month-Day-Year

ON-GOING EVENT will be: From: ____ - ____ - ____ Through: ____ - ____ - ____
or Multiple Dates: _____

RECURRING: (Circle) Sun Mon Tue Wed Thu Fri Sat

Monthly: _____ Weekly Bi-Weekly
(1st, 2nd, etc)

Starting Time

Ending Time

Access to Room Time

A.M. P.M.

A.M. P.M.

A.M. P.M.

Room Choice #1 _____

Room Choice #2 _____

Multiple Rooms: _____

Number of People expected: _____

Need elevator in Main Bldg? Yes No

List on Public Calendar? Yes No

Person in charge of event (signature): _____
(turning off lights; adjusting thermostats; resetting room as it was found)

Cell _____ (email) _____

Person completing form: _____ Cell _____

Date submitted: ____ - ____ - ____

Placed on Calendar: ____ - ____ - ____