



# EVENT REQUEST FORM

REVISED July 2009

<input type="checkbox"/> Canceled by _____	Date: _____
<input type="checkbox"/> Updated by _____	Date: _____

The form is required to schedule all NAG events on or off campus. **Fill out both sides.** *Events requiring promotion on the website, print media or billboard must be submitted with a 4 week lead time.* Event coordinator is responsible to contact all department heads.

<input type="checkbox"/> Yes <input type="checkbox"/> No Checked wall calendar for availability	<input type="checkbox"/> Yes <input type="checkbox"/> No Church Van Needed	Today's Date: _____  <b>ADMIN USE ONLY</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No Required areas completed with initials	Event Coordinator: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Advertise on digital sign	Set up Coordinator: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Advertise on website	Clean up Coordinator: _____	

## EVENT INFORMATION

Name of Event \_\_\_\_\_ Facility Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Event Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date(s) \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

Yes  No Is Childcare Needed **Nursery Coordinator Initials (required)** \_\_\_\_\_

## FACILITIES REQUEST

Sanctuary  Sanctuary Foyer  Adult Classroom(s) room # \_\_\_\_\_

Other \_\_\_\_\_  Offsite \_\_\_\_\_

SMC Varsity  SMC JV Room  SMC Classroom(s) room # \_\_\_\_\_

**Student Ministries Pastor Initials (required)** \_\_\_\_\_

CMC Room  CMC Classroom(s) room # \_\_\_\_\_

**Children's Pastor Initials (required)** \_\_\_\_\_

Sanctuary Sound Booth  SMC Sound Booth  SMC JV Sound Booth  Microphones  Slides

Audio Support Staff  DVD  Recording

**Sound Director's Initials (required)** \_\_\_\_\_

## BULLETIN REQUESTS

Yes  No Bulletin Ad Needed Run Date(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOSPITALITY**

SERVICES/SUPPLIES: (PLEASE ENTER QUANTITY)

 Kitchen     Café

\_\_\_\_\_ 6" Plates    \_\_\_\_\_ 9" Plates    \_\_\_\_\_ Napkins    \_\_\_\_\_ 12 oz. Bowls    \_\_\_\_\_ 8 oz. Cups    \_\_\_\_\_ 12 oz. Cups  
 \_\_\_\_\_ 16 oz. Cups    \_\_\_\_\_ Forks    \_\_\_\_\_ Knives    \_\_\_\_\_ Spoons    Other \_\_\_\_\_

Hospitality Director Initials (required) \_\_\_\_\_

**OFFICE USE ONLY**

Facilities Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

**THE DEPARTMENTS/INDIVIDUALS THAT ARE CHECKED BELOW HAVE BEEN GIVEN COPIES OF THIS FORM  
 PLEASE CONTACT EACH DEPARTMENT INDICATED TO COORDINATE YOUR EVENT**

CONTACT 4 WEEKS PRIOR TO EVENT	CONTACT 2 WEEKS PRIOR TO EVENT	CONTACT FOR INFORMATION ONLY
<input checked="" type="checkbox"/> Office Administration Wall Calendar / Electronic Sign Dana Allen 678-2531 <a href="mailto:dallen@nicevilleag.com">dallen@nicevilleag.com</a>  <input checked="" type="checkbox"/> Public Relations Denise Martin <a href="mailto:dmartin@nicevilleag.com">dmartin@nicevilleag.com</a>  <input type="checkbox"/> Hospitality Director Linda Evans, 217-3486 <a href="mailto:levans@nicevilleag.com">levans@nicevilleag.com</a>  <input type="checkbox"/> Bulletin Requests Lisa Melton, 678-2531 <a href="mailto:lmelton@nicevilleag.com">lmelton@nicevilleag.com</a>	<input type="checkbox"/> Sound, Video & Lighting Jerome Mason <a href="mailto:jmason@nicevilleag.com">jmason@nicevilleag.com</a>  <input type="checkbox"/> Nursery Coordinator (s) Amanda Morenz, 682-7311 Tawanda Brown, 678-9085  <input type="checkbox"/> Security Director Billy Martin, 897-4568  <input type="checkbox"/> Custodian Paul Eiriksson, after 3 PM, 678-2531 <a href="mailto:peiriksson@nicevilleag.com">peiriksson@nicevilleag.com</a>	<input type="checkbox"/> Student Ministries Nick or Shannon Chisler <a href="mailto:schisler@nicevilleag.com">schisler@nicevilleag.com</a>  <input type="checkbox"/> Children's Ministries Shaun Wenner <a href="mailto:swenner@nicevilleag.com">swenner@nicevilleag.com</a>  <input checked="" type="checkbox"/> Debbie Early <a href="mailto:dearly@nicevilleag.com">dearly@nicevilleag.com</a>

**EVENT CANCELLATION****RESUBMIT THIS FORM WITH THE CANCELLATION BOX ON THE FRONT DATED AND INITIALED. DETAIL HERE:****EVENT UPDATE****RESUBMIT THIS FORM WITH THE UPDATE BOX ON THE FRONT DATED AND INITIALED. FILL IN THE DETAILS BELOW TO UPDATE THE FORM.**