

EVENT REQUEST FORM

REVISED November 2011

Cancelled by _____ **Date:** _____

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.

Required Fields <input type="checkbox"/> Yes <input type="checkbox"/> No Checked wall calendar for availability	Event Coordinator:	Today's Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No Required areas completed with initials	Set up Coordinator:	<input type="checkbox"/> Web ADMIN
<input type="checkbox"/> Yes <input type="checkbox"/> No Advertise on website/eBulletin	Clean up Coordinator:	<input type="checkbox"/> Wall USE ONLY

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) _____

eBULLETIN REQUESTS

Yes No Bulletin Ad Needed Meet with PR to discuss ad.

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"/> Public Relations (eBulletin, etc.) Denise Martin dmartin@nicevilleag.com <input type="checkbox"/> Hospitality Director Linda Evans levans@nicevilleag.com	<input type="checkbox"/> Sound, Video & Lighting Matt Dodds mdodds@nicevilleag.com <input type="checkbox"/> Nursery Coordinator Amanda Morenz nursery@nicevilleag.com <input type="checkbox"/> Security Director Billy Martin eodbillymartin@cox.net <input type="checkbox"/> Custodian Paul Eiriksson peiriksson@nicevilleag.com	<input type="checkbox"/> Student Ministries Nick or Shannon Chisler schisler@nicevilleag.com <input type="checkbox"/> Children's Ministries Shaun Wenner swenner@nicevilleag.com <input checked="" type="checkbox"/> Debbie Early dearly@nicevilleag.com <input type="checkbox"/> Connecting Points Team

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.**