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Linen (Table Rounds)

**Decorations** 

Short term room for storage

☐ Short term refrigerator/Freezer

Area/Room for sorting

MINISTRY INFORMATION					
Primary Event Contact:					
Phone	Email				
Indicate preferred method of con	tact: Phone	call	Text	Email	
Secondary Event Contact:					
Phone	Email				
Indicate preferred method of con	tact: Phone	call	Text E	mail	
Date activity request completed					
TYPE OF ACTIVITY	Maa	±:			
TYPE OF ACTIVITY Even		•	tata fraguana		
Is this a recurring activity or event' Activity Day & Date					
Start time					
				start and end tir	
Note.	r rease meradi	c secup and i	oreakdown in the	start and end th	no.
EVENT DESCRIPTION					
Please provide a brief description	of your even	t (includina	number of spe	akers, attende	es, etc.)
		, 3	'	,	, ,
Note: All	speakers and	honorariums	must be approve	ed by the Senior I	Pastor.
<b>LOCATION / TYPE OF ROOM N</b>	<b>1EEDED</b> (Cl	neck all that	apply)		
Meeting Room(s)		Main S	Sanctuary [	CUCC Nort	th
BWS Center Narthex/Re	egistration	Off-Si	te location		
TARGET AUDIENCE (Check all			_		_
Adults Youth	Senior	Com	nmunity	Men	Women
Approximate number anticipated o	r expected?		How m	any rooms do	you need?
ROOM SETUP – Please indicat	e or circle	preterence	<u> </u>		
	Room Sey-up:		202 202 202		
		<del>mmm</del>			
		<del>mmm</del>		<b>*</b>	
	Lactura	5	Staggered Banquet	Benevet Helf Bounds	
	Lecture	Classroom	Rounds	Banquet Half Rounds	
	AL IN	200000	4		
		<b>a B</b>	d5	A A A	
	Contract	<del>mm</del>	tttttt	० ७० ० ०००	
	Conference- Square	U-Shaped Conference	Conference Table	Banquet Rounds	
ADDITIONAL NEEDS					
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Registration / Check-in tables

Area/room for distributing

Short term room for storage

Podium Banner

**Collection Bins** 

**Table Banners** 

Display Table

Church Van(s)

Safety vests



MARKETING  Does this event need Marketing, Communication or Media support? Yes No In order to successfully market your event, the more advance notice, the better. Recommended 6 - 8 week notice to staff out from the event. Marketing team member will follow up for specific needs once event is approved.
Is there a charge for this event? Yes No If this is a paid event, what is the ticket price? This information is required to create online registration!
MEDIA / COMMUNICATIONS / EQUIPMENT  AUDIO-VISUAL NEEDS (Check all that apply )    Microphones (handheld, wireless, lapel, podium)   DVD Player   TV Monitor   Podium   Whiteboard   Easel   Bluetooth   Laptop / PC   Projector   Speakers   Wi-Fi Access   Photography   Videography   Power/Electrical   Walkie Talkie   Video/Audio Recording   Music instruments
OFFICE SUPPORT  Copies Needed? Yes No if yes, how many copies do you need? Office Supplies Needed? Yes No Items:
FOOD AND BEVERAGE SERVICE  Will there be food and/or beverages? Yes No  If yes, please complete the following:  Who will be providing the food? Ministry Outside Caterer Donation  If outside caterer, please provide the following:  Name:  Address:  Phone: Email:
NAME(S) OF ANY GROUPS OR ORGANIZATIONS ASSOCIATED WITH THIS EVENT Please include any groups or organizations providing sponsorship or co-hosting of any kind (e.g., funding, space, speakers, publicity, etc.)
OTHER INFORMATION  Please provide any other information that has not been covered or comments that would assist in the planning of your event/space request