EVENT / MEETING REQUEST FORM

Step 1:

- 1. Meet with committee for event / meeting details and dates.
- 2. Complete this form! Elder section completed by the overseeing committee Elder.
- 3. Submit form to the Communications Coordinator.
- 4. The event / meeting request will be taken to the weekly staff meeting for approval.

Step 2:

The Publicity Point Person will need to contact the Communications Coordinator via email to start planning your publicity. Use the Event Checklist on the back to help plan your event.

OFFICE USE ONLY		
□Elder	□Staff	
□ Calendar _.		
□ Cert of Liability		

EVENT / MEETING TITLE		
(please circle one)	E	
DATE of event	Actual TIME of event (from)	(to)
Period of time room is	needed for preparation and cleanup	
Registration / Sign-ups	s Begin:	
Is this a recurring ever	nt? Yes / No	
Frequency:	Monthly) Every: (example: 3	
ROOM(S) REQUESTING		Approx. # of people
COMMITTEE RESPONSII	BLE for this Event:	
	S) RESPONSIBLE for this Event:	
Phone	Email	
Date request submitted	1 :	
PUBLICITY:		
Publicity Point Person	:	
	Email	
MEDIA & WORSHIP BUII Do you need a Sound l	LDING SPACE Person? Yes / No Media Shout Person?	Yes / No
Worship Building Stag	ge Area Cleared? Yes / No	
FOOD: Will food be served	? Yes / No Is space needed for food store	age before the event? Yes / No
CHILDCARE: Does your ex	vent / meeting need childcare? Yes / No	
EVENT SET-UP / CLEAN- Who is the person in c	UP: harge of set-up & clean up?	
Phone	Email	
*Please note: Events will not be overseeing Committee Elder. The ELDER: (Signature)	e taken to the weekly Staff Meeting for approval hank you.	without this section completed by the
	e print):	
COST: Will participants be	charged?How much?	
If this is a fundraiser	do you have Session Approval: Yes / No	Date of Approval:
Budget Line Name: _		Budget Line Number:

Step 2: Your Event Check List

My Event has been approved! Here is a handy check list to make sure your event runs as smoothly as possible. If you have any questions or need help please feel free call the office!

KEY NEEDED: Yes / No	
	c up a key from the Office Coordinator, Lisa Beamer, during regular office ll be completed at the time of pick up.
☐ Key Picked Up	The completed at the time of pick up.
☐ Key Returned	
- Key Returned	
PUBLICITY:	
•	s (will be emailed to listed contact person, copy available in the office.)
☐ Event Theme Ideas:	
☐ Color Scheme Ideas:	
☐ Graphic Ideas:	
☐ Advertising Start Date:	Duration:
FOOD: Will food be served? Yes / No Food Point Person:	
	Email
	□ Napkins □ Utensils □ Cups: Cold/ Hot □ Ice
	•
MEDIA & WORSHIP BUILDING Sound and Media Point Person:	PACE:
Phone	Email
☐ Contacted the Worship Direct	tor (Jimmy Mac at jimmy@orchardventura.org).
	Email
Number of children expected	Age range:
☐ Read the Committee Procedu	res for Event Childcare Policy (copies in the office)
☐ Recruited Childcare Workers	
Adult Worker(s):	
Youth Helper(s):	Beamer (lisa@orchardventura.org) to verify workers and hours.
☐ After the event email to Lisa	Beamer (lisa@orchardventura.org) to verify workers and hours.
SET-UP & CLEAN UP: Set-Up/Clean Up Point Person:	
	Email
☐ Contacted the Custodian (not	es can be left in the Custodian Binder in the office) regarding set up needs.
It is your responsibility to leave	the room clean and set up the way you found it.
☐ Empty the trash	☐ Turn off lights & fans
☐ Wipe down all counters	6
☐ Wash and put away all dishes	☐ Lock all windows and doors
	Orchard Community Church
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