

**EVENT PLANNING FORM**

**REQUEST DATE**

*Thank you for planning a special event for our church community at Village Adventist Church. We are grateful for your leadership. Please fill this form and return it to the church office not later than 4 weeks prior the scheduled event date. Thank you.*

**ORGANIZER'S INFORMATION**

FIRST NAME		LAST NAME	
ADDRESS		CITY	STATE ZIP
PHONE NUMBER		EMAIL ADDRESS	

**EVENT INFORMATION:**

**PURPOSE OF THE EVENT** *(how does it contribute to the church mission/vision?)*

**TITLE OF THE EVENT**

**EVENT DESCRIPTION**

<b>DATE OF EVENT</b>	<b>Event time</b>	<b>Ending time</b>
<b>ESTIMATED NUMBER OF PARTICIPANTS</b> _____		

<b>CHILD CARE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PERSON RESPONSIBLE</b>
<b>WILL FOOD BE SERVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PERSON RESPONSIBLE</b>

<b>EQUIPMENT:</b>	<b>ROOMS REQUESTED:</b>	<b>PEOPLE INVOLVED:</b>
<input type="checkbox"/> Folding chairs	<input type="checkbox"/> FELLOWSHIP HALL + KITCHEN	
<input type="checkbox"/> Folding tables	<input type="checkbox"/> SANCTUARY	
<input type="checkbox"/> VCR <input type="checkbox"/> DVD <input type="checkbox"/> CD player	<input type="checkbox"/> MOTHERS' ROOM	
<input type="checkbox"/> Overhead projector	<input type="checkbox"/> CLASSROOMS	
<input type="checkbox"/> Sound equipment	<input type="checkbox"/> OUTDOORS	
<input type="checkbox"/> Speaker Phone	<input type="checkbox"/> OTHER	
<input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator		

<b>SET-UP CREW</b>	<b>CLEAN-UP CREW</b>

**OFFICE USE ONLY**

AUTHORIZATION (Church Life Director)	DATE
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