



Action Request Form

What type of event is this? Special Event Sunday School Special Service Ministry Event

Name of event (as it appears on the calendar): _____

Description of event: _____

Main contact: _____ Email: _____ Phone: _____

When does this event start and end?

Start Date _____ Start Time _____ hours and _____ minutes **before** the events starts

End Date _____ End Time _____ hours and _____ minutes **after** the events ends

How often should this event occur? Once Daily Weekly Monthly Yearly

Do you need to reserve extra time for setup and tear down?

What locations and/or rooms will this event use?

Main Campus Building: _____ Room/Location: _____

Off Site Location Location: _____

Who is expected to attend this event?

Anyone can attend Only people matching this criteria: _____

Number Expected: _____ Adults Singles College Students Children Preschool

Require registration for this event Limit the total number of people who can register for this event to: _____

Rules for sending reminder emails: Never send email reminders Send email reminders ___ days before event

People serving at this event:

Rules for sending reminder emails: Never send email reminders Send email reminders ___ days before event

Is there a cost for this event? No, this is a free event Yes, this event costs \$ _____ per person

Have financial arrangements for event been made through proper staff person? _____

Have Purchase Order Forms been submitted to the financial office (if necessary)? _____

Additional Notes: _____

Office Use Only

Approved Not Approved Date: _____ Administrator Signature: _____

Comments: _____

Date submitted: _____ Date Entered on calendar: _____ Childcare Approved: _____

Person responsible for unlocking/locking building and setting alarm: _____

Copies distributed: Admin. Staff Host Contact Media Maintenance Childcare



Action Request Form-Resources

What resources will this event use?

Do you need childcare during your event? _____ *NOTE: Do not advertise childcare until you receive confirmation.*

- Volunteered childcare
- Paid childcare Regularly Scheduled? _____ Will any cost recovery monies be collected? _____

Approximate number of children in each age bracket expected to attend:

Ages 0-1 _____ Ages 2-3 _____ Ages 4-K _____ Grades 1st-3rd _____ Grades 4th-5th _____

Do you need room and/or equipment setup? _____ *NOTE: Submit detail sketch of setup desired below.*

- Portable Sound System
- House Sound – FOH technician is required
- Microphones Vocal Speaking Instrument DI Boxes Tracks
- Monitor Mixes _____
- House/Basic Down Lighting
- Theatrical Lighting If yes, will changing scenes be needed? _____
- PowerPoint – presentation only
- Video – VHS/DVD *Must be handed to media department at least **one week** before event.*
- Pre-Meeting/Sound Check Date _____ Time _____
- Sound System Provided If yes, is there a need to tie into the house? _____

NOTE: Person completing form is responsible for contacting media department for any technical setup.

Detailed Sketch of Setup