

**EVENT / FACILITY REQUEST FORM – CHURCH EVENT
ST. PETER'S LUTHERAN CHURCH AND SCHOOL**

EVENT NAME: _____ **GROUP OR BOARD:** _____

REQUESTED BY: _____ **Phone: (Hm)** _____ **(Wk)** _____ **(Cell)** _____

Email Address: _____

EVENT DATE(S) AND TIMES							
Month	Day	Year	DAY(S) OF WEEK	SET UP TIME	BEGIN TIME	END TIME	
				AM PM	AM PM	AM PM	
				AM PM	AM PM	AM PM	

On-going Event: Beginning Date: _____ Ending Date: _____ Weekly Event - Number Weeks : _____

ROOM(S) REQUESTED: _____

CHECK OTHER AREAS NEEDED: ECC BUILDING _____ QUAD _____ BALL FIELDS _____ PLAYGROUND _____

Approximate Number Expected at Event: _____

OFF-SITE LOCATION: _____ **PHONE:** _____

Address: _____

NEEDED:	Circle No or Yes		If Yes, Complete This Section
Bulletin Calendar	NO	YES	Week of: _____ Please, email information to rshewmaker@stpeterseg.org
Bulletin Insert	NO	YES	Dates of Insert: _____ Please, email information to rshewmaker@stpeterseg.org
Newsletter Article	NO	YES	List Month(s): _____ Please, email information to rshewmaker@stpeterseg.org
Church Website Calendar	NO	YES	Email information to rshewmaker@stpeterseg.org
Social Media (Facebook/Instagram/etc.)	NO	YES	Email information to rshewmaker@stpeterseg.org
School Newsletter or Friday Email/Package	NO	YES	Newsletter Month _____ Friday Email Date _____ Please, email information to klpuccinelli@splseagles.org
Kitchen Use	NO	YES	<i>(Paper goods are available in the kitchen for church events)</i>
Child Care/Nursery	NO	YES	If Yes , Number of Children: _____
Sound Technician	NO	YES	If Yes , List Equipment Needed, Page 2
Additional Equipment Use	NO	YES	If Yes , Complete Page 2
Advertising in Glass Walkway	NO	YES	If Yes , Complete Page 3
Table(s) in Glass Walkway for Sign-ups or Sales	NO	YES	If Yes , Complete Page 3

NOTE: ADVERTISING AND/OR TABLES IN THE WALKWAY MUST BE APPROVED (See PAGE 3)

THIS SECTION MUST BE COMPLETED AND SIGNED

Applicant is responsible for room arrangement, including table & chair set up and take down, decorations, replacing all items used, and cleanup.

Signature of Chairperson _____ **Date** _____

Additional Contact Person _____ **Phone** _____

Email Address _____

EQUIPMENT NEEDS:

FELLOWSHIP HALL (Maximum Capacity - 400)	NUMBER REQUESTED	SANCTUARY (Maximum Capacity - 350)	NUMBER REQUESTED
Microphones - Hand-held		Microphones - Hand-held	
Microphones - Free standing		Microphones - Free standing	
Microphones - Lapel		Microphones - Lapel	
Podium		Podium (in addition to pulpit and lecturn)	
Piano (Upright)		Organ	
Candelabra		Piano (Grand)	
Movie Screen (Large pull down)		Candelabra	
Movie Screen (Free-standing)		Candlesticks (Altar)	
Overhead Projector		Overhead Projector	
Sound Equipment		Soundroom	
TV/VCR		TV/VCR	
		Movie Screen (Free-standing)	
		Power Point Projectors	
Other miscellaneous equipment (Please list)		Other miscellaneous equipment (Please list)	
FELLOWSHIP HALL AREA	NUMBER REQUESTED	COORDINATOR USE ONLY	
Table(s)		Number of Child Care Providers Needed:	
Chairs(s)			
Divider(s)			
<i>You will be responsible for your own set-up unless otherwise arranged with the church office.</i>			

FELLOWSHIP HALL INFORMATION ONLY

NUMBER OF GUESTS SEATED AT TABLES: _____ NUMBER SEATED AUDITORIUM STYLE: _____

OFFICE USE ONLY

APPROVED: _____ Date _____

ROUTE TO: (Date and initial when routed)

Calendar(s): PC: ___/___/___ () Master: ___/___/___ () Facility Manager: ___/___/___ ()

Bulletin: ___/___/___ () Newsletter: ___/___/___ ()

Sound Technician: _____ Date: ___/___/___ ()

Child Care: _____ Date: ___/___/___ ()

Kitchen Coordinator: _____ Date: ___/___/___ ()

CC: Responsible Party: _____ Date: ___/___/___ ()

Other: _____ Date: ___/___/___ ()

**St. Peter's Lutheran Church And School
FACILITY REQUEST**

TABLE ASSIGNMENT AND/OR ADVERTISING AUTHORIZATION FORM

IF YOUR EVENT REQUIRES ADVERTISING OR THE USE OF TABLES IN THE WALKWAY FOR SIGN-UPS, SALE OF TICKETS OR ANY OTHER ITEMS, **YOU MUST FILL OUT THE TABLE ASSIGNMENT AND/OR ADVERTISING AUTHORIZATION FORM.** ALL FORMS MUST BE APPROVED BY THE CHURCH ADMINISTRATOR. THE "APPROVED" FORM AND A TABLE ASSIGNMENT CARD MUST BE DISPLAYED ON THE TABLE(S) DURING THE TIMES THEY ARE IN THE WALKWAY. **FOLLOW THE INSTRUCTIONS FOUND ON INSTRUCTION SHEET.**

1. Select the location of your table(s) AND/OR advertising from the diagram below
2. Indicate which service your table/advertising will be at, and if the table(s) will be manned.
3. Indicate the dates you wish advertising placed in the walkway.
4. Please submit a copy of the advertising material for approval.
5. PLEASE COMPLETE THE FOLLOWING:

Name of Event: _____ Date of Event: _____
 Chairman/Leader _____ Phone: _____

Check one or both:

_____ ADVERTISING _____ TABLE(S) # of Tables _____ **Services desired: 8:30, 11:00 a.m.; 6:00 p.m.**
 [Circle choice(s)]

Dates Requested: _____ Will tables be manned? _____ YES _____ NO

! YOU ARE RESPONSIBLE FOR SET UP AND TAKE DOWN OF YOUR OWN TABLE.
*Tables are stored in the closet to the right of the door as your enter the narthex from the breezeway.
 Please, put everything away where your found it so it is available for the next person.*

- ! ALL TABLES MUST BE TAKEN DOWN EACH SUNDAY AFTER THE LAST SERVICE.**
- ! ALL ADVERTISING POSTERS MUST BE TAKEN DOWN AFTER THE EVENT IS OVER.**

