

Date Submitted: _____
Date Approved: _____
Approved By: _____

CHURCH EVENTS AT A GLANCE

Rogers First Church of the Nazarene
Phone: 479-636-1050 Fax: 479-631-6469

• WHO

Person providing information: _____

Person in charge of event: _____

Phone Contact: _____ E-Mail: _____

Group/Department Name: _____ Group Size: _____

• WHAT

Name of Event: _____

Brief Description: _____

• WHEN

Days of the week: Sun Mon Tue Wed Thu Fri Sat

Date(s) of event: _____

Beginning Time: _____ Ending Time: _____

Departure Time (if applicable): _____ Set-up Time (if applicable): _____

• WHERE

Check one: In-House Out-of-house event

Room(s) requested (by number): _____

• SPECIAL INSTRUCTIONS

Charges Applied: _____ Pd: _____

----- (Do Not Write Below this Line) -----

• CONFIRMATION

Confirmation can be granted only by a Pastor or the Administrative Secretary and is final only when recorded in the office calendar.

Recorded on Calendar: Yes No Date _____ Initials _____

Key Issued: _____ Key Returned: _____

Person Opening Building: _____ Closing: _____

(All rooms are to be cleaned & returned to normal set-up following the event)

• HOW

Room Needs

- Round Tables # _____
- 8 ft Long Tables # _____
- 5 ft Long Tables # _____
- Lectern/Podium
- Easels # _____

Audio/Visual Needs

- Sound System
- Mics # _____
- CD/Tape Player
- TV/DVD/VCR
- Video Projector
- Screen

Kitchen

- Food Service
- Food Preparation
- Refrigerator Space
- Freezer Space

Food Service Needs

- (provided for church events only)
- Dinner Plates
 - Dessert Plates
 - Bowls
 - 8oz Cups
 - 12oz Cups
 - Napkins
 - Flatware
 - Coffee/Tea/Lemonade

Nursery/Childcare

- All-Church (staff provided)
- Group (facility only)

Athletic Equipment

- Basketball goals/balls
- Volleyball nets/balls
- Other: _____

Vehicle (s)

- #1 Key (s): _____
Driver _____
- #2 Key (s): _____
Driver _____
- #3 Key (s): _____
Driver _____
- Trailer