

# Fellowship Bible Church

# Event Planning Form

Please fill out **this form and the room schematic** and return to Church receptionist

- Once form is submitted you will be notified of approval by office staff
- Forms must be submitted and approved 2 weeks prior to event start date
- Please allow at least one week for approval process to be completed
- All Saturday events must end by 4:00 p.m. to insure a clean facility for Sunday)

Description of Event: _____		Date of Event: _____	
Place of Event:	<input type="checkbox"/> On-Site	<input type="checkbox"/> Off Site Location _____	
Ministry Sponsor:	<input type="checkbox"/> Adult	<input type="checkbox"/> Children	<input type="checkbox"/> Student <input type="checkbox"/> Worship <input type="checkbox"/> Special Event
Setup:	Day: _____	Time: _____	Start: _____ End: _____
Event:	Day: _____	Time: _____	Start: _____ End: _____
Breakdown:	Day: _____	Time: _____	Start: _____ End: _____
Room#(s): _____	Number of persons expected at event: _____		
<i>(Rooms requested subject to change prior to final approval)</i>			
Overseeing Event Contact: _____		Phone: _____	
Email: _____			
Church Member Sponsor: _____		Phone: _____	
Email: _____			
<b>Please Note: After EPF is submitted, all requested services will be verified to availability and you will be contacted to clarify/alter requests if necessary</b>			
<input type="checkbox"/> N/A			
<input type="checkbox"/> Facility: (Additional costs may apply)		Please indicate # of items needed	
<input type="checkbox"/> Van (Additional Forms needed, see Church Office)		Approved Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Round Tables _____ Qty.	<input type="checkbox"/> 8' Tables _____ Qty.	<input type="checkbox"/> 6' Tables _____ Qty.	
<input type="checkbox"/> Chairs _____ Qty.	<input type="checkbox"/> Table Cloths _____ Qty.		
<b>(Please note this does not include table top or room decorations)</b>			
<i>(Please indicate # of children expected in each area)</i>			
<input type="checkbox"/> N/A	<input type="checkbox"/> Child Care <i>(Additional costs may apply)</i>		
Age Ranges	<input type="checkbox"/> Infant – 2yrs # _____	<input type="checkbox"/> 3yrs - K # _____	<input type="checkbox"/> 1 <sup>st</sup> – 6 <sup>th</sup> grade # _____
<input type="checkbox"/> N/A	<input type="checkbox"/> Social Media	Start Date: _____	End Date: _____
<input type="checkbox"/> Promotion:	<input type="checkbox"/> Electronic Media	Start Date: _____	End Date: _____
	<input type="checkbox"/> Printed Media	Start Date: _____	End Date: _____
	<input type="checkbox"/> Online Registration	Start Date: _____	End Date: _____
<input type="checkbox"/> N/A	<input type="checkbox"/> Video/Projector: What kind? (laptop, DVD, ppt, etc.) _____		
<input type="checkbox"/> AV Equipment	<input type="checkbox"/> Audio: Indicate Source (Live Singer, Band MP, CD, etc.) _____		
<input type="checkbox"/> Clear Stage			
<input type="checkbox"/> N/A			
Please indicate items begin requested for event			
<input type="checkbox"/> Kitchen:	Drink:	<input type="checkbox"/> Coffee	<input type="checkbox"/> Lemonade <input type="checkbox"/> Tea <input type="checkbox"/> Water
	Plates/Cups:	<input type="checkbox"/> Small Plates	<input type="checkbox"/> Large Plates <input type="checkbox"/> 8oz Cups <input type="checkbox"/> 12oz Cups
	Utensils:	<input type="checkbox"/> Forks	<input type="checkbox"/> Knives <input type="checkbox"/> Spoons <input type="checkbox"/> Napkins
Party Signature: _____		Date: _____	

For Staff Use ONLY

DATE OFFICE RECEIVED Form \_\_\_\_\_  Room Schematic Attached

Event Type or Goal:

- Outreach  Fellowship  Assimilation  Service  Education  Fundraising
- Other \_\_\_\_\_

Event is for:  Church Member  Civic Service  Guest

**Event involved Requires Corresponding Pastor \ Director Approval to begin approval process**

Children's Ministry: \_\_\_\_\_ Date: \_\_\_\_\_

Childcare: \_\_\_\_\_ Date: \_\_\_\_\_

Student Ministry: \_\_\_\_\_ Date: \_\_\_\_\_

Pastoral Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide copy of EPF request to Support Ministries**

- Facility/Kitchen: Contacted by Brett Posey Date: \_\_\_\_\_ Approved: \_\_\_\_\_
- Media: Contacted by Mike Waldrop Date: \_\_\_\_\_ Approved: \_\_\_\_\_
- A/V Support: Contacted by Brett Posey Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Facility Needs and Responsible Parties

Event Registration Online Online Dates: \_\_\_\_\_ Close out date: \_\_\_\_\_

Room Schematic received and approved

Person responsible to Set Up: \_\_\_\_\_

Person responsible to Open: \_\_\_\_\_

Person responsible for Lock-Up: \_\_\_\_\_

Staff/Volunteer on Call for Event: \_\_\_\_\_

Approved:

Decision:

Approved

Declined

Reason for Decline: \_\_\_\_\_

Notes: \_\_\_\_\_

# Facility Use Agreement

If the requested use is by an organization not affiliated with the church, please briefly state the organization's purpose and mission:

Please list the organization's website, if any:

## I affirm that:

1. I understand that the church does not allow its facilities to be used in a way that contradicts its faith (as defined by Article III, Doctrines, of Fellowship's Constitution and Bylaws) or by persons or groups practicing or advocating beliefs that contradict the church's faith.
2. To the best of my knowledge the purpose for which I am requesting use of church facilities will not contradict the church's faith, and I commit to promptly disclose any potential conflict of which I am aware or become aware to church staff.
3. I am not aware of any beliefs that are professed by me or the organization I represent and which is requesting use of the church's facilities that contradict the beliefs of the church. I agree to promptly disclose any potential conflicts in belief to church staff.
4. I understand that the church does not allow its facilities to be generally available to the public, and that my use of these facilities is subject to the pastor's approval, which is conditioned in part on my agreement to the requirements in the "Church Facility Use Policy," a copy of which I have read and understood.
5. I understand that I will be responsible for any damages to the church equipment or facilities resulting from this proposed use of facilities. I further agree to report any malfunction of equipment or problem with the facility to the church office.
6. The church believes disputes are to be worked out between parties without recourse to the courts. See, generally, Matthew Chapter 18 and 1 Corinthians Chapter 6. Accordingly, users of the facility agree to attempt resolution of any disputes through Christian mediation.

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Name

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Date