

**Woodburn Missionary Church
Request to Schedule Event**

Event: _____

Date Request Submitted: ___/___/___ Requested By: _____

Desired Date(s): From: ___/___/___ To: ___/___/___ Day of Week: _____

Alternate Date(s): From: ___/___/___ To: ___/___/___

Reserve/Setup Time: From: ___:___ m Cleanup To: ___:___ m

Event Start Time: From: ___:___ m Event End To: ___:___ m

Room(s) Requested: _____

2nd Choice Rooms: _____

Room Arrangement: _____

Arrangement Style: _____

Comment: _____

Number Expected: _____ Will Event Need Kitchen Access ? Yes No Nursery ? Yes No
Sound Technician ? Yes No Lighting ? Yes No

Chairs: # _____ Type: _____ Tables: # _____ Type: _____

Equipment: _____

Contact: _____ E-mail: _____

Day Phone: (____) ____ - ____ ext. ____ Night Phone: (____) ____ - ____

Group: _____ Leader: _____

Staff Involved: _____

Key Needed: Yes No Key # _____ Issued To: _____

Publicity: Bulletin? Yes No Event information for bulletin: _____

Monthly Calendar? Yes No Brief Title for Calendar: _____

Off Campus Location: _____

Address: _____

Phone: (____) ____ - ____ Transportation: _____

Fee: \$ _____ Invoiced: ___/___/___ Payment Received: ___/___/___

Rooms Assigned: _____

Date Approved: ___/___/___ Approved By: _____