



Event Information Form

Please fill out as much as possible

Event Name: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Offsite Onsite Room Requested: _____ Number of Attendees Expected: _____

Estimated Set up Time: _____ Clean up Time: _____ Travel Required: Yes No

Distance: _____ mi. Is this an overnight event: Yes No

General Information for this event: _____

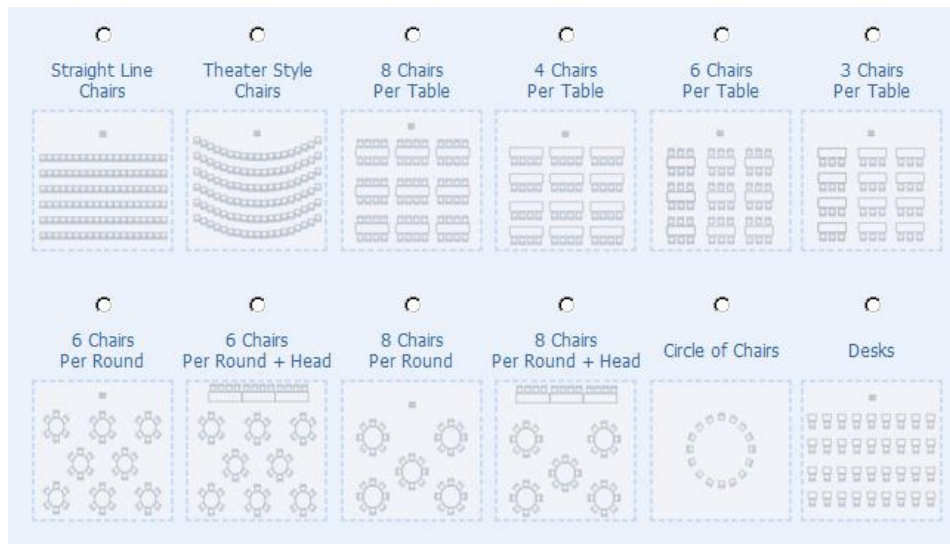
Does this event require registration: Yes No Fees: \$ _____ Purchasing of tickets: Yes No

Listing on church calendar: Yes No Sign up deadline: _____

Equipment needs: _____

Select a Room Layout Below

No Layout Needed



Contact Person for this event

Name: _____ E-mail: _____

Hm. Ph. #: _____ Cell Ph. # _____

You will be contacted as soon as your event is approved.