



Calendaring Events & Building/Equipment Usage Request

Date form completed _____

Person Responsible _____ Phone _____

Group or Organization _____

The above person/group is responsible for cleanup and any damages done during the following event.

If you are using the kitchen, you are responsible for kitchen cleanup

Calendaring Information:

Date of Event _____ Beginning Time: _____ Ending Time: _____

* Name of Event _____

* Event Location or Rooms Needed _____

* Most events will be advertised no more than two weeks in advance.

Please check here if you **do not** want your event advertised

* Details to advertise the event:

* Number of People Expected to Attend _____

Nursery Information:

Nursery Needed? Yes No

Number of Children Expected: _____

Time Nursery Workers will be Needed:

Beginning: _____ Ending: _____

Transportation

Vehicle Needed: Church Van

Daycare Van Shuttle Car

Destination: _____

Name of Driver: _____

Date Key Pickup: _____ Return: _____

Applicable Fees (if any):

Deposit \$ _____

Cleaning Fee \$ _____

Total Due \$ _____

(Date Paid _____)

Other:

Equipment to borrow:

_____ Tables (only long white tables)

_____ Chairs (only metal without cushions)

(please return tables and chairs within 24 hours)

Please return form to Maxine Adams at ebcnews@sbcglobal.net