

Calvary Bible Church Request to Schedule an Event

Submitted by: _____ Date Submitted: ____/____/____

Contact Phone #: _____ Email: _____

Event Name: _____

Organization Hosting Event: _____ (Misc. Outside Org.)

Event Date and Time

From: (start date) ____/____/____ Sun. Mon. Tue. Wed. Thu. Fri. Sat. (Please circle appropriate day)

To: (ending date) ____/____/____ Sun. Mon. Tue. Wed. Thu. Fri. Sat. (Please circle appropriate day)

Alternate date(s): From: ____/____/____ To: ____/____/____

Event will be (please circle) *One-time* *Daily* *Weekly* *Bi-Monthly* *Monthly*

Exclude Holidays? Yes / No (please give specific holidays) _____

Other dates excluded: _____

Time*: Start _____ am pm Set up _____ am pm Set up day before? Yes / No

End _____ am pm Clear out _____ am pm Time _____ am pm

**Use fees are calculated based on the start and end time of your event, not the set-up & clean-up times; be specific.*

Event Location and Equipment/Services Needed

Rooms requested: _____

(You may draw room setup plan on the back of this page)

Number of Chairs: _____ Number of Tables: Rectangular _____ Round _____

Sound Tech? Yes / No TV / VCR / Overhead Other Equipment: _____

Need Kitchen Access? Yes / No • Nursery? Yes / No • Keys? Yes / No

Cancel/Reschedule Event

Event Name: _____

OLD Date: ____/____/____ Time: _____ Rooms: _____

NEW Date ____/____/____ Time: _____ Room Change: _____

Person requesting cancellation or change: _____ Phone/Email: _____

Change(s) approved / calendared by: _____ Date: ____/____/____

FOR OFFICE USE ONLY: Conditions or Requirements

Certificate of Insurance required? Yes*/No If yes, please fax to Mark Rutkoskie at 661-327-5953.

**Certificate of Insurance must be on file before event is placed on the facility calendar.*

Rental Fee Due: No Yes (See attached form) Amount: \$ _____ Date Paid: ____/____/____

Event approved by: _____ Date: ____/____/____

Event calendared by: _____ Date: ____/____/____