

Event Form

New Event Event Change Event Cancellation



CONTACT INFORMATION	
Ministry/Outside Person or Entity	
Submitted By	Date Submitted
Event Coordinator/Person Responsible	Phone Number
Email Address	

EVENT INFORMATION			
Event Name/Description		Event Start Date	Event End Date
Number of Attendees	Age Group	Event Occurrence(s) <input type="checkbox"/> 1x <input type="checkbox"/> Recurring	Day(s) of the Week: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
Admin Building <input type="checkbox"/> 301 <input type="checkbox"/> 302 <input type="checkbox"/> 303	Celebration Center <input type="checkbox"/> Celebration Center <input type="checkbox"/> Lobby <input type="checkbox"/> Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> 123 <input type="checkbox"/> 124 <input type="checkbox"/> 125 <input type="checkbox"/> Green	East Modulares <input type="checkbox"/> 401 <input type="checkbox"/> 402 <input type="checkbox"/> 405 <input type="checkbox"/> 406	West Modulares/Summit Outback <input type="checkbox"/> 501 <input type="checkbox"/> 502 <input type="checkbox"/> 503 <input type="checkbox"/> 504 <input type="checkbox"/> Summit
Event Start Time	Event End Time	Reservation Start Time	Reservation End Time
Event Rehearsal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rehearsal Date	Rehearsal Start Time	Rehearsal End Time

Any event form with Audio, Projection or Lighting requests must be routed to Celebration Ministries for approval.

AUDIO INFORMATION	
Sound Technician Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Program Components (Please Check ALL That Apply) <input type="checkbox"/> Speaker <input type="checkbox"/> Live Music <input type="checkbox"/> Drama <input type="checkbox"/> Pre-Recorded Music <input type="checkbox"/> Other (Please Explain):
Please provide a description of your program	
Do you want the service recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other special needs/requirements that you would like tell us about?	

PROJECTION INFORMATION		
Projection Requested for Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Video (mp4 or QuickTime) <input type="checkbox"/> Song Lyrics <input type="checkbox"/> Still Photos/Images (.jpg)	
Name of contact who will provide content	Evening Phone	Daytime Phone
Email Address	Other Projection Needs	

LIGHTING INFORMATION
Please explain any special lighting requirements

KITCHEN INFORMATION	
Refrigerator/Freezer Space? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of food to be served: