

Event Request Form

Name of Event: _____ Event Date(s): _____

This event is One Time Recurring Begin Date: _____ End Date: _____

Ministry/Organization Name: _____

Contact Person: _____ Contact Person's Email: _____

Contact Person's Phone # _____ Do they text? Yes No

Event Start Time: _____ Estimated # of Attendees: _____

Event End Time: _____

Set Up Date & Time: _____ *(fill out additional event form if set up date is different than event)*

Someone on our team has a key. We will be responsible to open and close the building.
(all lights off, doors locked, trash to dumpster, check restrooms, etc)

We need someone to open/close for us. *(additional fees may apply)*

SOUTH CAMPUS PREFERENCES: *(check all that apply)*

Fellowship Hall Chapel Kitchen Classroom(s) requested: _____ *(please provide room #'s)*

of Long Tables _____ # of Round Tables _____ # of Chairs _____ Paper Products

****Please do NOT move the piano!*** Movement of the piano can only be made under supervision of the facilities director.

If Kitchen is requested, check these additional details

Food/Drinks will be served Need Kitchen Assistance for equipment use

Equipment Need: *(check all that apply)*

TV/DVD Player Projector Sound System A/V person needed (may require extra charge)

Will need equipment training No equipment needed

Additional Notes for Facilities: _____

NORTH CAMPUS PREFERENCES: *(check all that apply)*

Worship Center Adult Education Bldg. Children's Bldg.

Classroom(s) requested: _____ *(see campus map)*

of Long Tables _____ # of Round Tables _____ # of Chairs _____

Equipment Need: *(check all that apply)*

TV/DVD Player Projector Sound System A/V person needed (may require extra charge)

Will need equipment training No equipment needed

Additional Notes for Facilities: _____

CHILDCARE PREFERENCES: **Request must be submitted 2 weeks prior to event*

Is childcare needed for this event: Yes No

of children estimated: _____ Ages: _____

Note: childcare fees are based on the # of event hours and the # of childcare workers the FBS determines are needed.

PROMOTION PREFERENCES:

Please promote in: The Bulletin Sunday School Digital Sign Website Social Media

Do you need a graphic for your event? Yes No

Do you need an online registration form created? Yes No

Event Specifics:

Cost of Event: _____

Event Registration Opens: _____

Deadline to Register: _____

Additional Event Information for promo:

Promotion Timeline - please request these promo items 2 weeks prior to when you want them:

- | | | |
|------------------|-----------------------|---------------------|
| Video | Bulletin Announcement | Special Event Email |
| Graphic | Print Signage | Digital Sign |
| Website | Bulletin Insert | Social Media |
| SS Announcements | | |

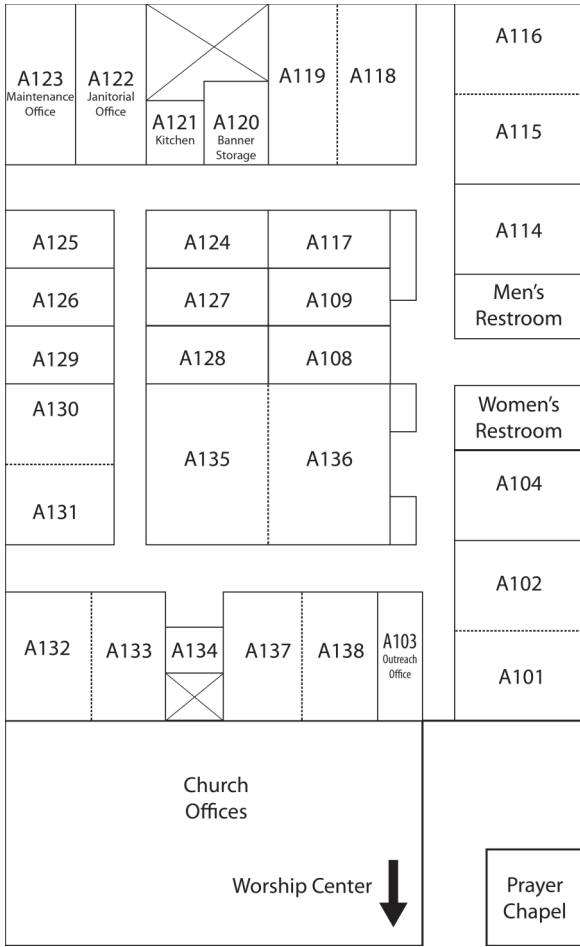
All requests are brought to the Staff meeting at 10am each Monday. In the event of a scheduling conflict, you will be notified for an alternative date.

I understand that all events must reflect the values and stated beliefs of First Baptist Sweetwater and those defined in the Baptist Faith and Message 2000, and have read and agree to comply with the Facilities Agreement and Payment Schedule. *If this is a non-church sponsored event,* I as the representative for our group release First Baptist Church Sweetwater of all liability or responsibility in the case an accident or problem were to occur on church property at the event requested on this sheet. Our group will assume all responsibility. I understand that First Baptist Church Sweetwater is simply allowing me the access and use of their facility during the agreed upon time and space specified on this sheet, but the church is providing no staff oversight for my event. The church has shown us what space we are to use and the right procedures to access that space. I further agree to provide certification of our groups liability insurance naming FBS as an additional insured allowing our groups use of the property.

Signature _____

Date: _____

North Campus (NC) - Sunday School Rooms



Use this area to draw **room set up**. Please give as much detail as possible, giving a general concept of table/chair placement, aisles, etc.

Room # or Location _____

South Campus (SC)

