

Today's Date

## Crossroads Church Activity & Calendar Request Facility & Equipment Reservation

Date of Event

Day of the Week

Name of Group/Ministry		Rooms Requested		Name of Activity					
Name of Contact		Ministry is responsible for room setup and cleaning/reset. Lobby Kiosk Requested * Please note: Kiosk must be manned before and after all services. Dates Requested: _____ _____ _____		# People	Time In	Start Time	Time Out		
Street Address				Reservation/Tickets		Cost Each			
City	Zip			Kitchen Use		Is it a Fund Raiser			
Home Phone	Cell/Office Phone			Name of Group/Ministry Leader (If different)					
Fax	E-Mail			Group/Ministry Leader Signature					

Audio/Visual Equipment						Itemize Each Date For Recurring Events	
Yes/No	Type	Amount	Yes/No	Type	Amount		
	VCR			Microphone			
	TV			Portable Mic			
	Overhead			Sound Equipment			
	Screen			Sound Person			
	DVD			Video Person			
	Video			Lighting			

Event Description:			Items Needed			Children Attending Event	
Event Description: This will help us with wording for publications. _____ _____ _____ _____ _____			Yes/No	Type	Amount	# of Children Attending	
				Dry Erase Markers		# of Adults Supervising	
				White Board		Applications on file for Adults:	
				Tables Rectangle		_____ Yes _____ No	
				Tables Round		Transportation Use	
				Chairs		Self	
				Table Cloths		Attach the following for all drivers: Drivers license, proof of insurance. (Two copies needed)	
				Wash		_____ Church Van	
			Other Items:			Must be pre-approved (see Church Office)	

OFFICE USE ONLY				
Approved By	Date	Entered on Master Calendar By	Date Entered	Event #

Special Note or Condition of Approval:

S:Forms/Activity Request