

# EVENT RESERVATION FORM

Arcadia Presbyterian Church

Date of Request \_\_\_\_\_

Single Event

Church  Non-Church  Nesting Church

Recurring Event

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Set-up Time \_\_\_\_\_ Event Time \_\_\_\_\_ to \_\_\_\_\_ Clean-up \_\_\_\_\_ Custodian req.  Yes  No

Day before set up:

Publicity Date \_\_\_\_\_ Projected Attendance \_\_\_\_\_ Room (s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Is there a Cost for the event?  Yes  No How Much? \$ \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

Audio Visual Requirements (please list): \_\_\_\_\_  Requires a Tech consult

Fellowship/Lounge – Sound Proof Doors Needed?  Yes  No

To Our Client: Please use space provided to draw your room set-up.

*For Office Use Only*

**PUBLICITY FORM:**

Banner  Constant Contact  Mailing  Newsletter  Slide  Sunday Table  Video  Web  
 Flyer  Bulletin

**PUBLICITY TO GROUPS:**

ACM  Campus Churches  CDC  Counseling Center

**SUNDAY SCHOOL:**

Adults  Children  Youth  Life Group

**SESSION TEAM:**

Campus Ministry  Community Impact  Leadership Academy  Internal Support  World Impact

Authorizing Ministry Leader: \_\_\_\_\_ Date: \_\_\_\_\_  Yes  No

(APC) Nursery Care Needed:  Yes  No Age Group- \_\_\_\_\_ Food Services:  Tea/Coffee  Buffet  Sit down/Full Service

Fundraiser?\*  Yes  No To Benefit: \_\_\_\_\_

\* REQUIRES SESSION APPROVAL IN ADVANCE

Room Rental Fee \_\_\_\_\_ Custodian Fee \_\_\_\_\_ Sound Fee \_\_\_\_\_

Approved By \_\_\_\_\_ Date Entered on Calendar \_\_\_\_\_ Entered By \_\_\_\_\_