

WBC CALENDAR REQUEST FORM

NAME OF EVENT:	Today's Date: Click here
Description of event:	

WHO

Who is making request:	Phone:	Email:
Contact person:	Phone:	Email:
Who should attend:		

WHAT – *What resources will be needed? (Enter quantity where necessary.)

<input type="checkbox"/> Bus 1 (large 41 passenger)	<input type="checkbox"/> Chairs (Qty)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Bus 2 (small 26 passenger)	<input type="checkbox"/> Tables – 4 ft. round (Qty)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Van (11 passenger)	<input type="checkbox"/> Tables – 6 ft. round (Qty)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Trailer 1 (single axle)	<input type="checkbox"/> Tables – 6 ft. rect. (Qty)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Trailer 2 (double axle)	<input type="checkbox"/> Tables – 8 ft. rect. (Qty)	<input type="checkbox"/> Other (specify)
List driver(s):		*Return date of resources: Click here

***ALL RESOURCES MUST BE IN THE SAME OR BETTER CONDITION WHEN RETURNED. IF RETURNED OUTSIDE OF OFFICE HOURS PLEASE NOTIFY THE CHURCH SECRETARY BY PHONE OR EMAIL (588-3356 or connect@wadebaptist.com).** _____

Initial

WHERE – Where is the event to be located?

<input type="checkbox"/> Main Sanctuary	<input type="checkbox"/> FLC – Gym	<input type="checkbox"/> Other room on campus (specify)
<input type="checkbox"/> Youth Sanctuary	<input type="checkbox"/> FLC – Multi-Ministry Room	
<input type="checkbox"/> Children's Center	<input type="checkbox"/> FLC – Parlor	<input type="checkbox"/> Other location (specify)
<input type="checkbox"/> Choir Room	<input type="checkbox"/> FLC – Kitchen	
<input type="checkbox"/> SS Office	<input type="checkbox"/> FLC – Dining Room	

Will childcare be needed: Yes No

***ALL FACILITIES MUST BE THOROUGHLY CLEANED AND RETURNED TO PRIOR LAYOUT.** _____

Initial

WHEN – What is the date and time of the event?

Date of event: Click here	Person to open and lock up facilities:
Event start time:	Event end time:
Set up time:	Tear down time:

WHY – What is the purpose of the event?

<input type="checkbox"/> Fellowship	<input type="checkbox"/> Practice	<input type="checkbox"/> Meeting	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Performance	<input type="checkbox"/> Mission	

HOW MUCH – What is the charge for the event?

Is registration required for the event: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registration begins on Click here (date) at _____ (time)
Registration ends on Click here (date) at _____ (time)
Cost of event: _____ per person (for all) -or- _____ different prices (list all price differences)

OFFICE USE ONLY

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Fees received:
Signature:		
Notes:		

IF YOUR EVENT WILL REQUIRE SOUND, MEDIA, LIGHTING OR STAGE CHANGES, PLEASE COMPLETE THE FOLLOWING.

TIME/DATE DETAILS

Rehearsal (if applicable)		
Date: Click here	Start time:	End time:
Person to open and lock up facilities:		

SOUND

Will a sound tech be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Microphones		
<input type="checkbox"/> Lapels - max 4 (Qty)	<input type="checkbox"/> Handheld - max 6 (Qty)	<input type="checkbox"/> Choir mics
<input type="checkbox"/> Other (specify)		
Instruments		
<input type="checkbox"/> Piano	<input type="checkbox"/> Keyboard	<input type="checkbox"/> Guitars
<input type="checkbox"/> Drums	<input type="checkbox"/> Other (specify)	
Monitors		
<input type="checkbox"/> Floor	<input type="checkbox"/> Hotspots	<input type="checkbox"/> Choir
Additional Recorded Music Source		
<input type="checkbox"/> CD	<input type="checkbox"/> Spotify	<input type="checkbox"/> iTunes
Record event? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MEDIA

Will a media tech be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Song lyrics	<input type="checkbox"/> Slide show	<input type="checkbox"/> Speaking Parts (must submit at least 2 weeks prior to event)
<input type="checkbox"/> Other (specify)		

LIGHTING

Will a lighting tech be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Spot lights - max 2 (Qty)	<input type="checkbox"/> Other (specify)

STAGE

Note ANY changes you would like to make to the stage configuration. (Stage MUST be returned to original configuration.)

SPECIAL INSTRUCTIONS

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