

Union Chapel M.B. Church
Ministry Schedule Request Form (Events/Vehicle)

Date Report Submitted:

Event Information

Event: _____ Requested By: _____

Desired Date (s): _____ Alternate Date(s): _____
Event Start Time: _____ Event End Time: _____
Reserve/Set up Time: _____ Cleanup Time: _____

Ministry Information

Ministry: _____
Primary Contact: _____ Day Phone: _____
Email Address: _____ Night Phone: _____
Secondary Contact: _____ Day Phone: _____
Email Address: _____ Night Phone: _____

Room Request Information

Room(s) Requested: _____ Number Expected: _____

2nd Room(s) Choice _____

Arrangement Style Needed: _____ (Banquet, General Seating, etc)

Other Arrangement Needed: _____

In-House Equipment Needed: _____
(VCR, Projector and Screen, Computer Equipment, White Boards, etc)

Check all that apply: Video Special Lighting Kitchen Access Sound Technician Nursery

Note: Ministries will be assigned upon availability.

Vehicle Use / Off Campus Activity

Complete the Transportation Form

Approval

Deacon: _____ Deacon Signature: _____

Room Assigned: _____ Transportation Approved: _____ Approved By: _____

Ministry Contacted: _____