



MEETING-EVENT-REHEARSAL FORM

This form must be submitted two weeks prior to your request. There is no guarantee that your request will be approved as someone else may have spoken for your space beforehand. You will receive email/text/phone confirmation when your request has been approved. Cancellations must be received within three days prior to the event.

PLEASE PRINT

Ministry Name:

Date:

Name of Requestor:

Phone#:

Email:

Second Responsible Party:

Phone#:

Email:

Please Check or X Beside Your Type of Event: *Meeting* *Event* *Rehearsal*

Type of Meeting/Event (i.e., Board Meeting/Graduation)

How will this Meeting Occur?

In-Person

Zoom

Date(s) Requested:

Start Time:

End Time:

Is this a Repetitive Meeting/Event?

Start Date:

End Date:

Room Requested: *Sanctuary* *Multipurpose/Gym* *Room 200* *Classroom*

Number of People Expected: *(No More than 300 for Sanctuary, 108 for Multipurpose/Gym)*

Room Set-Up?

Additional Tables/Chairs?

Will There be food/snacks/drinks? Will your event be catered? No Do you need the kitchen?
(You are Responsible for all Clean-up)

If audiovisual (AV) support or paper products are needed for your event, please fill out pages two and three of this form and submit with your request



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Audio & Visual Support Request Form

Purpose: To request Audio Visual Support for your meeting or event.

Instructions: Please complete the requested information and return this form to the Church office no later than three weeks prior to your event. You will be contacted regarding a walkthrough or test date.

Ministry or Other Contact Person for this Event (please type or print clearly):

Phone: _____ Email: _____

Ministry / Group Name: _____ Event Name: _____

Date(s) of event: _____ Start Time: _____ End Time: _____

Equipment Setup/Walkthrough Date: _____ Time: _____

Setup Comments: _____

Event Location (i.e., Room 200, Multipurpose Room): _____

(if setup is required in more than one area, please detail the setup of additional areas under "Additional information")

Will you be using a laptop? Yes ☐ No ☐

What visual support do you need? ☐ Projector ☐ Web Streaming ☐ TV Monitor ☐ Video Recording

What audio support do you need? ☐ Music ☐ Microphones ☐ Audio Recording

Additional Information: _____

This form does not guarantee staff availability and is simply a request. A confirmation notification will be made once availability of staff has been verified. If you have any questions regarding this form please contact Jeff Angell 412.860.6637 / jefangell@gmail.com or A.j. Baughn aeroblessed@gmail.com



MEETING-EVENT-REHEARSAL FORM

REQUISITION FOR PAPER PRODUCTS/SUPPLIES

(Please Give One Month's Prior Notice)

Your Name:

Ministry Name:

Number of People Expected:

| Items | Quantity | Date Needed |
|----------------------------------|-----------------|--------------------|
| | | 10-26-24 |
| Round Table Cover | | |
| Plastic Table Cover Roll | | |
| Foam Plates 10" | | |
| Foam Plates 6" | | |
| Foam Plates 9" | | |
| Foam Bowls 12 oz | | |
| Foam Bowls 5 oz | | |
| Plastic Forks | | |
| Plastic Spoons | | |
| Plastic Knives | | |
| Plastic Disposable Aprons | | |
| Tumbler Plastic Cups 9 oz | | |
| Dinner Napkins | | |
| Gloves Large/Medium/Small | | |
| Square Long Tablecloths | | |
| | | |

Signature:

Date: