

# 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: \_\_\_\_\_

2<sup>nd</sup> 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

Transportation Requested: \_\_\_\_\_ State Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

Off Campus Location: \_\_\_\_\_ Number Expected: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Approval

Deacon: \_\_\_\_\_ Deacon Signature: \_\_\_\_\_

Room Assigned: \_\_\_\_\_ Transportation Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Ministry Contacted: \_\_\_\_\_