

Today's Date: ___/___/___ **JEFFERSON ASSEMBLY OF GOD ACTIVITY/EVENT REQUEST FORM**

The primary focus of this Event/Activity is to... **CELEBRATE JESUS CONNECT PEOPLE SERVE OTHERS**

Name of Event: _____

Date of Event /Activity: ___/___/___ Time of Event/Activity: ___ AM/PM ___ AM/PM
(Month) (Day) (Year) (From) (To)

Activity/Event Coordinator _____
(Name) (Department)

Phone #: HM _____ WK _____ CELL _____ E-MAIL _____

Total Number of Activity/Event Participants: _____

Rooms Requested for Use: KITCHEN / FELLOWSHIP HALL / SANCTUARY / NURSERY / CLASSROOM(S) A B C D E F G H
(Please Circle)

When will you set up? ___ (Date) ___ (Time) Who is in charge? ___ (Name) ___ (Phone#)

When will you clean up? ___ (Date) ___ (Time) Who is in charge? ___ (Name) ___ (Phone#)

After an event/activity, please leave the facility promptly at the scheduled end after making it ready for normal use.

WORKERS NEEDED: Nursery (0-2) # _____ Child care (2-5) # _____
(Please read attached procedures and policies for nursery and child care)

Approved Nursery Workers: _____ Child care: _____
(Name) (Phone#) (Name) (Phone#)

(Name) (Phone#) (Name) (Phone#) (Name) (Phone#)

Kitchen: _____
(Phone #): _____

EQUIPMENT NEEDED:

Tables: Round # _____ Oblong # _____ Chairs: # _____ Tablecloths: Linen # _____ Other # _____

TRANSPORTATION NEEDED: Van#1 _____ Van#2 _____
(Driver) (Driver)

SERVICES NEEDED:

TV/VCR: Y ___ N ___ Screen: Y ___ N ___ Sound Reinforcement: Y ___ N ___
Music: Y ___ N ___ Musical instruments: Y ___ N ___ Explain: _____

This form will reserve equipment etc. but does not imply set up or delivery. These arrangements are the responsibility of the coordinator including return of equipment to its proper place. Please see attached list of authorized technicians for needed services.

(JAG Users Only) -- The cost of this Event/Activity will be charged to the _____ budget.

Request form should be returned to the church office by: _____
(Month) (Day) (Year)

