

Internal Asbury Event    Outside Event: Paid Rental    Outside Event: Non-Paid

**Staff Contact Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Congregation Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Event Name:** \_\_\_\_\_  
**Event Date/Time:** \_\_\_\_\_ **Event Approved by Asbury:**  Yes  No  
**Is there a Cost for this Event:**  Yes  No If yes, how much: \_\_\_\_\_  
**Event Description:** \_\_\_\_\_  
 \_\_\_\_\_

**FACILITY NEEDS** *(List All Rooms Needed. Use the back for room set-up)*

Room(s): \_\_\_\_\_  
 Set Up Needs: \_\_\_\_\_  
 Time Set-Up By: \_\_\_\_\_  
 Time Clean Up: \_\_\_\_\_

**CHILDCARE**

Do you need childcare:  Yes  No  
 Approved by Asbury:  Yes  No

**TECHNICAL NEEDS**

Sound Tech:  Yes  No  
 If yes, name of Tech: \_\_\_\_\_  
 Video Tech:  Yes  No  
 If yes, name of Tech: \_\_\_\_\_

**LOGISTICS -- WHO IS IN CHARGE**

Room Set-Up: \_\_\_\_\_  
 Opening Building: \_\_\_\_\_  
 During Event: \_\_\_\_\_  
 Security (if needed): \_\_\_\_\_  
 Room Clean-Up & Return to Ready: \_\_\_\_\_  
 Closes Entire Building: \_\_\_\_\_

**ADDITIONAL INFORMATION** \_\_\_\_\_  
 \_\_\_\_\_

**MARKETING**

Ideas of what you want: \_\_\_\_\_  
 \_\_\_\_\_  
 Start Date for Promotion: \_\_\_\_\_  
 Posters & Flyers  
 If yes, how many flyers do you need: \_\_\_\_\_  
 Announcement in the Brief  
 Announcement Slide  
 Post on Web Site  
 Other Print Needs: \_\_\_\_\_  
 \_\_\_\_\_  
 Online Registration:  Yes  No  
 If yes, what information needs to be on the  
 Registration Form: \_\_\_\_\_  
 \_\_\_\_\_  
 If yes, who does the Registration Form need to be  
 emailed to once it is completed:  
 Mary Jo (Yes, for all registrations)  
 Wendy Homan (Yes, if money is being collected)  
 \_\_\_\_\_  
 Date for Registration Form to Be Live: \_\_\_\_\_

**Please Have Staff Sign Original + Then Give Copies to ALL Staff**

<input type="radio"/> Bryonna _____	<input type="radio"/> Kate _____	<input type="radio"/> Nathan _____
<input type="radio"/> Clint _____	<input type="radio"/> Mary Jo _____	<input type="radio"/> Sarah _____
<input type="radio"/> Haley _____	<input type="radio"/> Michael _____	<input type="radio"/> Wendy _____

# ROOM LAYOUT

Room(s) Being Used: \_\_\_\_\_

Please draw a diagram of how you would like the room set-up. (Example: Tables with how many chairs - Serving Tables)

**For Office Use --- Follow-Up** (What went Wrong • What went Right • Changes for Next Time): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_