

# Ministry Center Facility Request Form

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Day(s) of week: \_\_\_\_\_ Start & End Time: \_\_\_\_\_

Ministry Center Room(s):

\_\_\_ High School Room #14 \_\_\_ Middle School Room #15 \_\_\_ Gym #16

\_\_\_ 2&3 Yrs Room #17 \_\_\_ Kitchen #18 \_\_\_ 4&5 Grades Room #19

\_\_\_ K-3 Grades Room #20 \_\_\_ 4&5 Yrs Room #21 \_\_\_ Small Group Room #22

\_\_\_ Play Area #23

Are you renting any equipment?: \_\_\_\_\_ If so, what?: \_\_\_\_\_

Delivery date: \_\_\_\_\_ Pickup date: \_\_\_\_\_

**Event leaders are expected to staff their events. The following is a checklist to help you identify and schedule personnel who might be required for your event.**

Setup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cleanup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A/V: Sound tech: \_\_\_\_\_ Confirmed?: \_\_\_\_\_

Lighting tech: \_\_\_\_\_ Confirmed?: \_\_\_\_\_

Projector tech: \_\_\_\_\_ Confirmed?: \_\_\_\_\_

Video playback: \_\_\_\_\_ Confirmed?: \_\_\_\_\_

Video recording: \_\_\_\_\_ Confirmed?: \_\_\_\_\_

Childcare:	Caregivers:	_____	Confirmed?:	_____
		_____	Confirmed?:	_____
		_____	Confirmed?:	_____
		_____	Confirmed?:	_____

Additional notes/requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After the event, the facilities must be put back together and be ready for church on Sunday. This includes:

- Chairs put back (see attached diagram)
- Stage put back and set to neutral (see attached diagram)
- Trash cleaned up and taken out
- Floors vacuumed
- All equipment returned to its original location

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Please complete and submit this form to the front office at least **four weeks before** the planned date of your event. You will be contacted when your event is approved. If you have any questions in the meantime, please feel free to contact the front office either by e-mail (info@orchardchurch.life) or telephone (951.699.5433). Thank you.

Contact Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Ministry Lead Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Date \_\_\_\_\_