fbcrobinson

Event Request

Event: _____

Event Details: **Event Date:** _____ **Event Time:** _____

Room(s) Requested ❑Fellowship Hall ❑Library ❑Sanctuary ❑Conference Room

❑Nursery ❑Kitchen ❑ Other _____

❑ Y ❑ N **Is this a Repeating Event**
(if so on what schedule, ex. First Tue. of each month)
_____
Start Date: _____
End Date: _____

Do you need a code to access the building?
❑ Y ❑ N

Are you providing Nursery Services?
❑ Y ❑ N

Bulletin/Newsletter Announcement

Announcement Date: From _____ To _____

_____

_____

_____

_____

_____

_____

_____

_____

Sign up Sheet needed ❑Yes ❑No **Sign up paper or online** ❑Paper ❑Online

Additional Information _____

_____

_____

Person Responsible _____

Phone Number _____ **E-mail address** _____

Secondary Contact _____

Phone Number _____ **E-mail address** _____

Trustee Approval _____ _____

Office Approval _____

Every attempt will be made to accommodate your Event Request. If for any reason we are unable to schedule the event based upon the details you provide, we will contact you. Please notify the church office if you make any changes to the event details.

Completed forms should be turned into the church office