

# Event Request Form

This request form **needs to be approved** before it will be put on the church calendar. Please **don't assume** that it is approved just by filling it out. If this is not related to an East Hills Ministry Event, then a Facility Use Contract will need to be filled out as well agreeing to our facility use guidelines and costs. Thank you for your understanding and patience with the process.

Today's Date: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ What Ministry: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event (start-end): \_\_\_\_\_ - \_\_\_\_\_ # to attend: \_\_\_\_\_

Arrival time (to set up): \_\_\_\_\_ Departure time (after cleaning/setting back up): \_\_\_\_\_

What rooms will be needed?

- |   |  |
|---|--|
| <input type="checkbox"/> Worship Center | <input type="checkbox"/> All Classrooms                |
| <input type="checkbox"/> Kitchen        | <input type="checkbox"/> Specific Classroom(s): _____  |
| <input type="checkbox"/> Lobby          | <input type="checkbox"/> Whole Facility                |
| <input type="checkbox"/> Office         | <input type="checkbox"/> Off Campus (location?): _____ |

Please describe the reason for the event requested: \_\_\_\_\_

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## Section B: Tech and Media Requests

A fee may be required for tech needs in order to hire 'approved' tech personnel.

### Speaker/Lecturer Requests/Needs:

- Wireless handheld microphone (how many? \_\_\_\_\_)
- Hands-free wireless microphone (how many? \_\_\_\_\_)
- Corded microphone (how many? \_\_\_\_\_)

### Live Music Requests/Needs:

- Vocalist (how many? \_\_\_\_\_)
- Electric guitar (how many? \_\_\_\_\_)
- Acoustic guitar (how many? \_\_\_\_\_)
- Other instruments (please specify): \_\_\_\_\_
- Drums
- Keyboard (how many? \_\_\_\_\_)
- Bass guitar

Does this event require a slide show or video?  Yes  No

Lighting Requirements (please describe in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staging Requirements (please describe in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### FOR OFFICE USE ONLY:

Reviewed on (date): \_\_\_\_\_ Result?  Approved  Not Approved

Comments: \_\_\_\_\_

Facility Use Contract required?  Yes  No

EHCC Staff Contact: \_\_\_\_\_

Host/Tech Person Assigned: \_\_\_\_\_

