

Chapel by the Sea Presbyterian Church
EVENT REQUEST FORM

Before any special event is added to the Chapel's master calendar, please complete this form and submit to Office Administrator.

NAME OF GROUP/PERSON HOSTING EVENT: _____

CONTACT FOR EVENT: _____

(Include Name, Phone and Email)

EVENT & BRIEF DESCRIPTION: _____

DATE OF EVENT: _____

(If on-going event, indicate weekly or monthly)

ADDITIONAL DATES FOR PREPARATION/REHEARSALS/SETUP ETC. _____

EXPECTED ATTENDANCE: _____

ROOM(S) REQUESTED:

_____ Silver Hall

_____ Library

_____ Session Room

_____ Sanctuary

_____ Stage

_____ Room 5

_____ Kitchen / Coffee Set up*

_____ Other _____

OTHER REQUESTS:

_____ Microphones/Stands

_____ Lecterns/Easels

_____ Screen

_____ Parking Attendants

_____ Tables (No. _____)

_____ Chairs (No. _____)

_____ Piano

_____ Other _____

(OVER)

Please have each appropriate person initial below to acknowledge approval.

_____ Reviewed by Committee

_____ Reviewed by Session

_____ Reviewed by Pastor

_____ Review by Music Director

_____ Reviewed by Office Administrator

_____ Reviewed by Facilities Manager

_____ Reviewed by Parish Nurse

_____ Event added to Master Calendar & Filed by Administrative Assistant