



CROSS KEYS BAPTIST CHURCH

CALENDAR REQUEST FORM

REQUEST FOR CALENDAR DATE/FACILITIES

TODAY'S DATE _____ DATE OF EVENT: _____

TIME OF EVENT: start _____ finish _____

SET UP TIME: start _____ finish _____

EVENT NAME: _____ PURPOSE: _____

Request made by: _____ Contact phone # _____

E-mail address _____

Ministry Group (if applicable): _____

What areas of the facility are you requesting (Mark all areas you would like to use):

Sanctuary _____ Fellowship Hall _____ Kitchen _____

Television/VCR _____ Room(s) # _____

Approximate number of chairs: _____ tables: _____ (round) _____ (rectangular)

Room Layout # _____ (See back of form for room layouts)

I will _____ I will not _____ need an audio technician. (See list of audio techs)

Transportation Needs—we will need church transportation (mark appropriately):

Church Bus* _____ Church Van** _____ Church trailer (covered) _____

*Requires a CDL Driver. **All van drivers must be approved for insurance purposes.

I have read and understand the information above given to me by the church office.

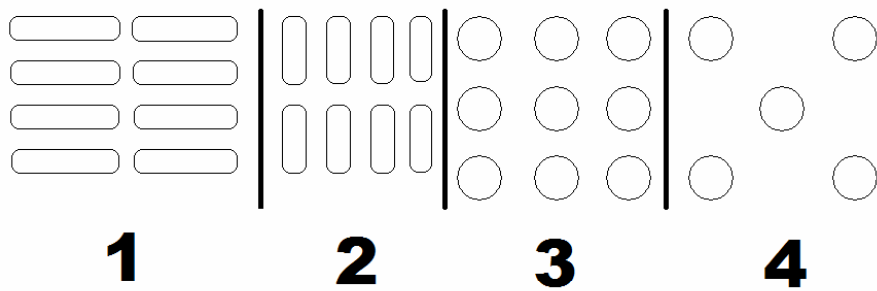
Signed _____

- Rooms must be returned to original room layout.
- **All events scheduled after 3 PM on Friday must have rooms cleaned and set up for Sunday morning worship. If custodial help is required for room setup, please use the back of this form to request room set up.**

FOR OFFICE USE ONLY

DATE APPROVED: _____ APPROVED BY _____

REQUESTER NOTIFIED OF APPROVAL _____



Choose one of the designs above & record on front.

Or

Draw your custom layout below: