

# Williams Trace Baptist Church

## Calendar Request Form

<b>Event Information</b>	Event Day: S M T W T F S
Event Name: _____	Event Date: _____
Start Time: _____ AM/PM	_____ One-time Event
End Time: _____ AM/PM	_____ Weekly (Begin: ___/___/___ End: ___/___/___)
Arrival Time: _____ AM/PM	_____ Monthly (Begin: ___/___/___ End: ___/___/___)

<b>Contact Information</b>	
Sponsoring Group/Individual: _____	
Contact Person: _____	Email: _____
Contact Phone: (cell) _____ (home) _____ (wk) _____	
Contact Address: _____	City _____ Zip _____

<b>Rooms Requested</b> (Please draw room set up on back)		
If off-campus, address or site name: _____		
_____ Room(s) #: _____		
_____ Kitchen	_____ 2 <sup>nd</sup> floor Coffee Bar	_____ 3 <sup>rd</sup> floor Coffee Bar
_____ Gym	_____ Conference Room	_____ Trinity Cafe
_____ Sanctuary	_____ Other _____	

<b>Special Needs</b>		
_____ Hostess	_____ Sound Operator	_____ TV (VCR or DVD?) _____
_____ Child Care (Number of children expected: _____)	_____ Vehicle: _____	
_____ Paper Goods/Kitchen Supplies (Please complete separate Food Services Request Form)		
_____ Other: _____		

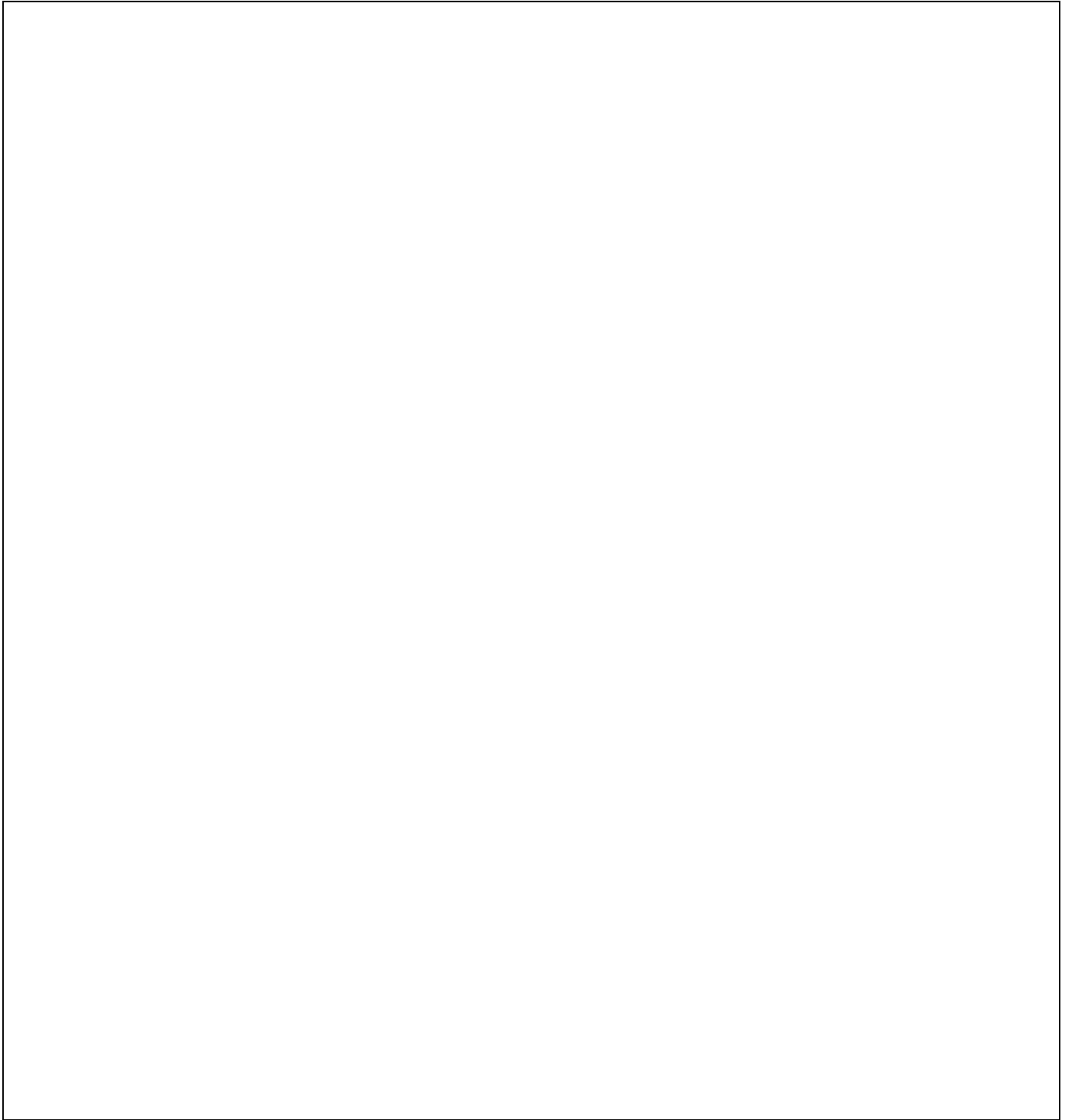
☆ I understand that requests are considered on a weekly basis, and that events and services are not confirmed until approved by staff and a copy returned to you.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_/\_\_\_/\_\_\_

<b>Office Use Only</b>		
Approval Date: ___/___/___ By: _____		
Staff Comments: _____		
Fee: \$ _____		
<b>Copy to:</b>		
_____ Event Contact	_____ Calendar	_____ Building Supervisor
_____ Childcare Coordinator	_____ Church Hostess	_____ Sound Team
_____ Other _____		

## Room Set-Up Diagram

# Chairs Needed \_\_\_\_\_ # Tables Needed \_\_\_\_\_



List any other special requests:

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