Quail Springs Baptist Church

Event Scheduling Request

Please submit request 45 days prior to event.

EVENT:_____ **Begin Date**:_____ **End Date:** _____

Start Time:_____**End Time:** _____

Room(s) Requested: (e.g. A-156, B-110)_____ No. of People expected: _____

If off-campus provide location and address_____

What time do you want access to the room? _____ **What time will you vacate the room?** _____

Frequency: (circle one) One Time Event Weekly Event Monthly Event Annual Event

Audio/Video/Power Point Needed? Yes/NO **AV Technician Needed at the event? Yes/No** **Do you need to visit w/ Technician Before Event? Yes/No**
Note: An hourly fee may apply

Is Childcare needed for this event? Yes/No How many expected? Preschool_____ School Age up to 5th Grade_____

Additional Helpful Comments:

Event Contact Person: _____ **Preferred Form of Contact ? Phone / Email**

Phone #1 _____ **Phone #2** _____**Email** _____

Address_____ QSBC Member? Yes/No

Today's Date: _____ ***Form Completed By***_____

ROOM SETUP:

How many tables? 4' Tables _____ 6' Tables _____ 8' Tables _____ 60" Round (12 max) _____

How many Chairs? _____

Marking Board Yes/No **Easel** Yes/No **TV/DVD** Yes/No **Piano** Yes/No **Sound System/Computer/Projector** Yes/No

Who is in charge of Room Setup? _____ Ph. # _____

Who is Decorating? _____ Ph. # _____

What time should the doors open and close for this event? _____ Open _____ Close

What entry doors need to be open for this event? (e.g. Entry A-1) _____

(Please Draw Room Setup Diagram on back of THIS request page and forward to the Facilities Manager.)

FOOD SERVICES:

Need Kitchen? Yes/No
Requesting QSBC Catering? Yes/No

NOTE: FOR ANY FOOD SERVICE REQUESTS, KITCHEN USE, SUPPLIES, ETC. YOU MUST CONTACT DEBBIE ADAMS AFTER EVENT HAS BEEN APPROVED

How many food serving tables? _____ Drink Table? Yes/No Dessert Table? Yes/No

Miscellaneous / Paper Goods

Dinner Plates	_____	8 oz. Cups _____	Forks _____	Spoons _____
6" Dessert plate	_____	12 Oz Cups_____	Knives _____	Napkins_____
Paper Table Covers	_____	4 oz Bowl_____	12 oz Bowl_____	Coffee: Yes / No

What Budget Account will pay for items used? _____ Person Approving _____