

DATE SUBMITTED: _____

DATE APPROVED: _____

Pending

Final

GALLOWAY

CALENDAR REQUEST FORM

FOR ADMINISTRATIVE USE

Date Request Received _____ Initials _____
Staff Contact _____
Date Request Entered into Calendar _____

GENERAL INFORMATION

Start Time: _____ End Time: _____ Time Access Needed: _____

Event to be placed on the calendar _____
(As it is to appear in publications)

Galloway Event Church-wide Event Outside Event:

Day/Date of Event: _____ Room No. _____ # Participants: _____

FOR SERIES: Start Date: _____ End Date: _____ Frequency: _____
(Weekly, Monthly, etc.)

Contact Person for Event: _____

Phone #'s: Work _____ Cell _____ Fax _____

Email: Work _____ Other _____

Staff Contact: _____

On-Site Event Host:

CHILD CARE INFORMATION

GALLOWAY EVENTS ONLY

No. of Children Expected: _____ Ages: _____

Special Needs: _____

Start Time: _____ End Time: _____

Room No. for Child Care _____

FOOD MINISTRY INFORMATION

Time Meal is to be served: _____

Room where meal is to be served: _____

Served Through: _____ Kitchen Serving Line _____ Self Serve Buffet _____ Seated

Table Covering: Paper Linen Will supply Own

Utensils: Flatware Disposable Will supply Own

Napkins: Paper Linen Will supply Own

Other Special Instructions: _____

Menu Request: _____

Menu availability and charges are to be confirmed through direct communication with the Food Service Director at 601-326-3445

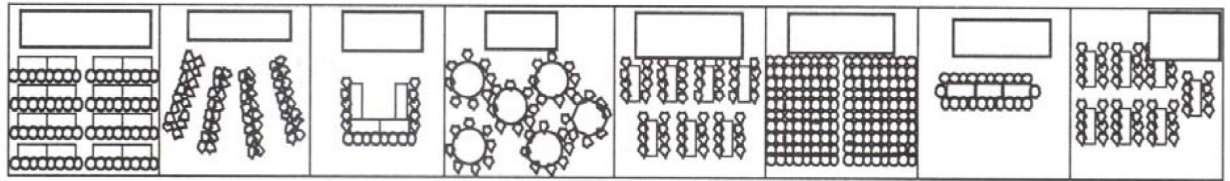
SECURITY NEEDS

Security should be scheduled 30 minutes prior to an event and remaining 30 minutes after an event has ended. The Facility Director will determine best possible use of Guards and positions. If you have a request for specific areas to be covered. Please indicate below:

- North Canopy Door
- Chapel Entrance
- Court Yard Doors (Handicap Door and Double Doors)
- Lower Parking Lot (Fellowship Center)
- Sanctuary Entrance
- Circular Drive Entrances (Handicap entrance and non-magnet double doors) (Yazoo Street access)

SET UP

Must be approved by staff



If none of the above set-ups will work please write or draw how you would like the room to be set-up below.

SPECIAL NEEDS:

AUDIO-VISUAL/TEACHING NEEDS

Please indicate below any audio-visual equipment you will need as part of your event set-up.

<input type="checkbox"/> TV/VCR/DVD	<input type="checkbox"/> PROJECTION SCREEN	<input type="checkbox"/> OTHER:
<input type="checkbox"/> CD PLAYER	<input type="checkbox"/> PORTABLE PROJECTOR	_____
<input type="checkbox"/> DRY ERASE BOARD & MARKERS	<input type="checkbox"/> LAPTOP FOR PROJECTION	_____
<input type="checkbox"/> OVERHEAD PROJECTOR	<input type="checkbox"/> MICROPHONE (S)	_____
<input type="checkbox"/> EXTENSION CORD(S) # _____	<input type="checkbox"/> SPEAKER PODIUM	_____

TECHNICAL REQUEST

AUDIO RECORDING VIDEO RECORDING SOUND OPERATOR

Technical Request MUST be confirmed with the Technical Director a minimum of two weeks prior to the event.

ADMINISTRATIVE USE ONLY

BUILDING USAGE REIMBURSEMENT

Room Usage:	Room(s) _____	\$ _____
Custodial:	# Workers _____ # Hours _____ @ \$ _____	\$ _____
Security:	# Guards _____ # Hours _____ @ \$ _____	\$ _____
Miscellaneous:	_____	\$ _____
Food Services:	# of Meals _____ @ \$ _____ per meal	\$ _____
Misc. Food Items:	_____	\$ _____
Technical:	_____	\$ _____
Method of Payment:	<input type="checkbox"/> Cash\Check# _____	
	<input type="checkbox"/> In-House Acct # _____	TOTAL COST OF EVENT: \$ _____

Payment is due on or before event date.

Signature of Event Contact Person _____

Signature of Staff Person _____

CALENDAR DISTRIBUTION

Requestor _____ Set-up _____ Security _____ Food Services _____

ADMINISTRATION USE ONLY

Technical _____ Nursery _____ Other _____ Administration _____