

EVENT REQUEST FORM

SUMMIT CHRISTIAN CENTER

Today's Date

New Submission

Update Existing Event

Cancel Event

Change Date

Contact Information

Director

Contact Person

Day Phone

Evening Phone

Email

Event Information

Event

Desired Date(s)

Alternate Date(s)

Offsite

If checked
enter location

Setup Time

Event Start Time

Event End Time

Cleanup Time

Repeat Every

Start Date

End Date

Room Request

Number Expected

Room Arrangement

Number of Chairs

Number of Tables

Additional Room Arrangements

Equipment Request

Cordless Mic

Mic

Audio Record

Video Record

Play CD

Play DVD

Overhead Projector

Projector

Overflow Setup

Laptop

Other Services

Security

Music Support

Parking

Sound Tech

Catering

Kitchen Access

Nursery

Van Requested

List in Bulletin

List on Calendar

Graphic Support Required

Post on website

Bulletin
Information