

Facility Use and Communication Form

Information submitted and approved by a Pastor by 3pm on Mondays will be published in the appropriate areas for the upcoming Sunday.

Requested by: (Name) _____ Date: _____

GROUP TITLE: _____

Start Date: _____ End Date: _____ Time: _____

Contact Person(s) If Different than Requested by: _____

Phone: _____ Email: _____

Church Leader Responsible for Opening and/or Lock/UP: _____

ROOM NEEDED IN THE EDUCATION BUILDING: ROOM NEEDED IN THE STUDENT CENTER:

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Room 101 | <input type="checkbox"/> Room 201 | <input type="checkbox"/> Room 301 | <input type="checkbox"/> Living Room | <input type="checkbox"/> High School Room 401 | <input type="checkbox"/> Auditorium |
| <input type="checkbox"/> Room 102 | <input type="checkbox"/> Room 202 | <input type="checkbox"/> Room 302 | <input type="checkbox"/> Lobby | <input type="checkbox"/> Middle School Room 402 | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Room 103 | <input type="checkbox"/> Room 203 | <input type="checkbox"/> Room 303 | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Game Room 404 | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Room 104 | <input type="checkbox"/> Room 204 | <input type="checkbox"/> Room 304 | <input type="checkbox"/> Sanctuary | | |
| <input type="checkbox"/> Room 105 | | <input type="checkbox"/> Room 306 | | | |

SET UP REQUIREMENTS:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Microphone(s) Qty: _____ | <input type="checkbox"/> USB Cable | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microphone Stand(s) Qty: _____ | <input type="checkbox"/> 15 Pin Cable _____ | _____ |
| <input type="checkbox"/> Amplifier | <input type="checkbox"/> HDM2 Cable _____ | _____ |
| <input type="checkbox"/> Check-in Table | | _____ |

EVENT PROMOTION:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> App Notice |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Banners / Posters |
| <input type="checkbox"/> E-news | QTY: _____ |
| <input type="checkbox"/> TV Slide | |

COMPLETE ONLY IF USING ONLINE REGISTRATION:

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Online registration required?
<input type="checkbox"/> Yes <input type="checkbox"/> No ● Paid Event:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Amt: \$ _____ | <ul style="list-style-type: none"> ● Date to end Registration: _____ ● Books offered?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Book Cost: \$ _____ |
|--|--|

ADDITIONAL REQUIREMENTS:

- | | |
|---|---|
| <input type="checkbox"/> Babysitting

<input type="checkbox"/> Volunteers | SHORT EVENT DESCRIPTION:

_____ |
|---|---|

CLEAN UP CHECKLIST:

- | | | |
|--|---|--|
| <input type="checkbox"/> All food picked up | <input type="checkbox"/> Lights turned off | <input type="checkbox"/> Exterior doors locked |
| <input type="checkbox"/> All trash removed and put in dumpster | <input type="checkbox"/> Utensils/etc. cleaned and returned | |

ADDITIONAL REQUIREMENTS:

Use of facilities at CCC means you assume the responsibility to clean up after your event and return the room(s) to the original condition.

FOR OFFICE USE ONLY:

Pastor Approval: _____ Eva Approval: _____ Media Scheduled: _____ File Name: _____