

# EVENT SCHEDULING FORM

CHURCH EVENTS WILL TAKE PRECEDENT OVER ANY OTHER EVENTS

REQUEST AT LEAST (3) WEEKS IN ADVANCE

Use this form to request a event/date to be added to the main church calendar.

You will be contacted with approval of event via email or phone.

Today's Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Day of the Week for the Event: \_\_\_S \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F \_\_\_S

Event/Group Name: \_\_\_\_\_

Event Set-up Time: \_\_\_\_\_ Take Down Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event Ending Time: \_\_\_\_\_

Is the a church related activity? \_\_\_Yes \_\_\_No Number Expected: \_\_\_\_\_

Destination if off church property: \_\_\_\_\_

Church Property Location:

**Chairs Per Table: Round Table (6-8) Rectangle Table (6-8)**

(Please illustrate table/chair arrangement on the back of this form.)

\_\_\_ Worship Center (400 Chairs or 20 Round Tables)

\_\_\_ Fellowship Hall/Boomtown (100 Chairs or 10-12 Round Tables)

\_\_\_ Community Room (1 Round Table)

\_\_\_ Conference Room #101 (Table w/10 Chairs)

\_\_\_ Room #103 (35-40 Chairs or 5 Tables)

\_\_\_ Room #104 (35-40 Chairs or 5 Tables)

List any other rooms needed: \_\_\_\_\_

Do you need any of the following?

\_\_\_ Audio/Visual (CONTACT CRAIG DALTON 865.313.4452)

\_\_\_ Kitchen (**PREPARED FOODS ONLY**) (YOU WILL BE RESPONSIBLE FOR CLEAN-UP)

\_\_\_ Building Keycode (CONTACT THE CHURCH OFFICE—865-524-1204) Keycode# \_\_\_\_\_

\_\_\_ Childcare (CONTACT JENNIFER HURD—865-924-0070)

\_\_\_ Custodial (CONTACT THE CHURCH OFFICE—865.524.1204)

List any special equipment or instructions: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

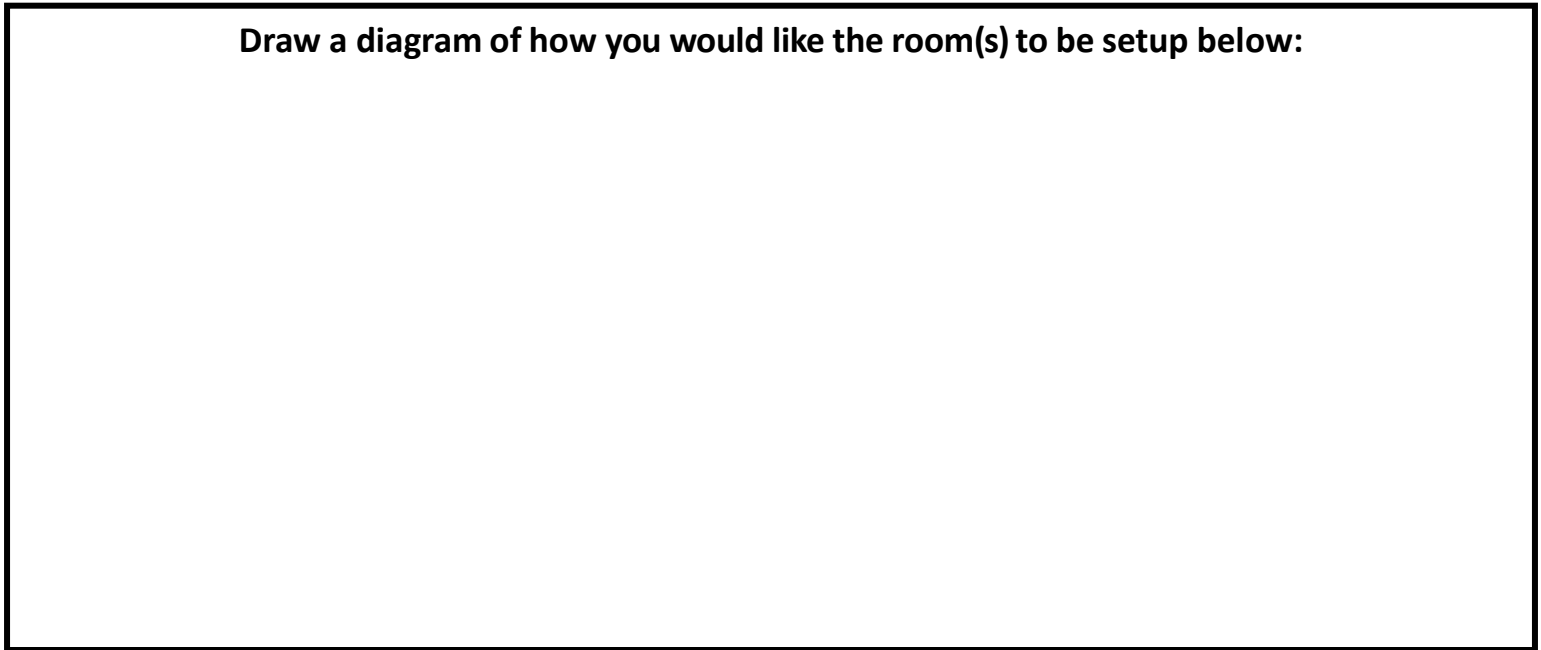
**By signing this form you are stating that you release Buffat Heights Baptist Church, it's pastors/officers or members from any liability. You are also affirming you are in agreement with the 2000 Baptist Faith & Message (can be viewed on our website). Furthermore, you are assuming responsibility for turning off all lights/equipment and for securing the building by shutting and locking all doors.**

OFFICE USE ONLY:

\_\_\_ Event Approval \_\_\_ Darla \_\_\_ Dustin \_\_\_ Custodian \_\_\_\_\_ Date Entered on Main Calendar

Special instructions: \_\_\_\_\_

Draw a diagram of how you would like the room(s) to be setup below:



<b>NON-CHURCH EVENT FEES</b>	
<b>AREA/ROOM(S) RENTED</b>	<b>PAID</b>
Fellowship Hall/ Boomtown \$50	_____
Other Room(s) \$35	_____
Worship Center \$150	_____
Audio/Visual Tech \$25 per hour	_____
<b>Total Due \$</b>	<b>_____</b>

**Make checks payable to BHBC**  
**ALL FEES MUST BE PAID 2 WEEKS PRIOR TO THE EVENT**

