



Request to Schedule Event

Event: _____

Date Request Submitted: ___/___/___ Requested By: _____

Single Occurrence? Multiple Occurrences? Frequency: _____

Desired Date(s): From: ___/___/___ To: ___/___/___ Day of Week: _____

Alternate Date(s): From: ___/___/___ To: ___/___/___

Reserve/Setup Time: From: ___:___ m

Cleanup To: ___:___ m

Event Start Time: From: ___:___ m

Event End To: ___:___ m

Room(s) Requested: _____

2nd Choice Rooms: _____

Room Arrangement: _____

Number Expected: _____ Will Event Need Kitchen Access ? Yes No Nursery ? Yes No
Sound Technician ? Yes No Lighting ? Yes No

Chairs: # _____ Type: _____ Tables: # _____ Type: _____

Add'l Equipment: _____

Contact: _____ E-mail: _____

Day Phone: () ___-___ Night Phone: () ___-___

Group/Ministry: _____ Leader: _____

Please allow two weeks for your request to be evaluated. All requests that do not conflict with the mission of Tomoka Christian Church will be considered.

For office use

Fee: \$ _____ Invoiced: ___/___/___ Payment Received: ___/___/___

Rooms Assigned: _____

Key Needed: Yes No Key # _____ Issued To: _____

Date Approved: ___/___/___ Approved By: _____