Date Submitted   Week Day of Event

_____   _____

crosswater
community church

Calendar/Building Request Form
For Non-Church Ministries

Name:_____Name of Event:_____
Date of Event: _____Time of Event: _____ Number of Attendees: _____
Set up Date: _____
Request Building to be unlocked/opened and locked/closed:
Unlock Time: _____ Lock Time: _____

<mark>Church Location Requested</mark>:
(** Any Decorations that effect our weekend service experience must be approved by Worship & Creative Arts Pastor)

Location Requested:
Worship Center Building :
☐WC-102 Worship Center
☐WC-100 Worship Center Lobby
☐WC-108 Green Room
☐WC-101 Worship Center Café
☐WC-106 Kitchen
☐WC-100 Welcome Center

Administration Building (1ˢᵗ Floor):
☐EA-110 Executive Conference Room
☐Other:_____

Administration Building (2ⁿᵈ Floor – Powerhouse and The Hub):
Powerhouse:
☐EA-202 Purple Classroom
☐EA-203 Blue Classroom
☐EA-204 Green Classroom,
☐EA-205 Orange Classroom,
☐EA-207 Worship Center

The Hub:
☐EA-215 Café Kitchen
☐ EA-218 Worship Center
☐Check-in/Foyer

Outside Area:
☐Parking Lot (grass)
☐Parking Lot (paved)
☐Breezeway Restrooms
☐Breezeways

Crosswater Academy:
☐EA-162 Large Assembly Room
☐EA-154 Classroom 1
☐EA-155 Classroom 2
☐EA-156 Classroom 4,
☐EA-157 Classroom 5
☐EA-158 Classroom 7
☐EA-159 Nursery
☐EA-160 Toddlers

☐**Off Campus (include location)**
_____
_____
_____

A/V & Sound Resources Requested:
☐ DVD Player
☐TV,
☐Smartboard
☐Sound Equipment (Worship Center, Hub Worship Center, Children's Worship Center) ***Requires Tech**
☐Sound Equipment (outdoor) ***Requires Tech**
☐ Tech Required *Fee **(MUST SCHEDULE AN APPOINTMENT TO DISCUSS WITH CREATIVE ARTS DEP. 7 DAYS PRIOR TO YOUR EVENT TO BE CONSIDERED**
Facilities:
☐Additional Janitorial Service
☐Additional Trash Service
☐A/C or Heat
☐Clean-Up Services ($100 Fee)
☐Requesting Someone to be Available to Unlock and Lock Doors at these times (FEE)
　　　Unlock: _____
　　　Lock: _____

Please see other side.

Other Resources:

☐ Foam Coffee Cups # _____

☐ Foam Plates #_____

☐ Foam Bowls #_____

☐ Utensils #_____

☐ Coffee Machine

☐ Serving Trays #_____

☐ Linen Table Cloths #_____

☐ Plastic Table Cloths #_____

☐ Baptismal

☐ Other_____

Special Instructions:

_____

_____

_____

_____

_____

_____

_____

_____

:

Name:

_____

Contact Phone number:

_____

Contact Email Address:

_____

==Responsible Party for Event== **(Must be a member of Crosswater Community Church):**

Name: _____

Phone Number:_____

MUST HAVE A SIGNED BULDING USAGE POLICY ATTACHED TO BE APPROVED.

APPROVED BY:

_____

DATE:

_____