Date Submitted:	crosswa er	Event Day of Week:	
	Calendar, Building and/or Marketing Reque For Internal Church Ministries	est Form	
Your Name:	Name of Event		
Description of Event _			
Start Date: One time Event	End Date: Weekly Monthly Eve	(Not more than 3 months) nt Time:	
Number of Attendees:			
	nlock Time: Lock Time: o you have a key fob: If not, who will let you in?		
Do you need this even	t on the Public Calendar? Yesseparate calendar request.		
Church Location Receive Any Decorations that e	<mark>quested</mark> : Effect our weekend service experience must be appi	roved.)	
Worship Building: ☐ Worship Center ☐ Worship Center Lo ☐ Cry Room ☐ Café	Outside Area: (Marking Lot (graph) Description obby Description of the control	rass) aved)	

Childcare Requested: (Admin)

Off Campus (include location)

Requesting during Academy hours EA-205

Requesting outside of Academy hours EA-162

(MUST ATTACH CHILDCARE REQUEST

Need Childcare Provided

(Orange Rm)

FORM)

(Large Assembly Rm)

Kitchen

Other:

The Hub):

Kid's Ministry:

Café Kitchen

Check-in/Foyer

High School Building (West):
☐ High School Auditorium
☐ High School Lobby

☐ Executive Conference Room

☐EA-202 Yellow Classroom ☐EA-203 Green Classroom ☐EA-204 Blue Classroom,

☐EA-205 Orange Classroom, ☐EA-207 Kid's Worship Center

☐ Middle School Worship Center

The Hub: (Middle School)

Administration Building (East 1st Floor):

Administration Building East 2nd Floor (Kid's and

***A/V & Sound Resources Requested:	*If you are requesting an event, your ministry is
DVD Player (Maintenance)	responsible for cleaning up after the event
	including disposal of trash, cleaning kitchen and
Smartboard	putting tables/chairs back to original set up.
Sound Equipment (<u>Creative Arts</u>)	(Must attach Event Room Procedures
(Worship Center, Student Auditorium, Hub Worship	Request form)
Center, Kid's Worship Center) *Requires Tech	**When requesting more than one table, attach
Sound Equipment (outdoor) *Requires Tech	a sketch of table layout.
☐ Tech Required (MUST SCHEDULE AN	***Fees may apply
APPOINTMENT TO DISCUSS WITH	r ces may appry
CREATIVE ARTS DEP. 7 DAYS PRIOR TO	Other Resources:
YOUR EVENT TO BE CONSIDERED)	Other Resources.
* Must attach Creative Arts Request Form ***Fees may apply	
rees may appry	
Fellowship One Check-In: (Admin)	
Check-in on iPad stations enabled	
Code for check in	
☐ Name Tags to print when checking in	
Web Event (sign up link) Requested	Responsible Party for Event Contact
Event will collect money (Business Admin)	Information :
Email address to send F1 check-in instructions to:	
	Name:
*Marketing Requested: (Creative Arts)	*Responsible Party must be a member of
Live Announcements	Crosswater Community Church
Loop	•
Connections Area Table	Contact Phone number:
Add to Monthly Current	Contact I none number.
☐ Add to Website/App Events ☐ Graphic Design requested	Contact Email Address:
(*Must attach Creative Arts Request Form)	Contact Eman Address:
(Intust attach Creative Arts Request Form)	
	Secondary Contact Information:
<mark>*</mark> Facilities <mark>***</mark> : (<u>Maintenance</u>)	Name:
Additional Janitorial Service	Phone Number:
Additional Trash Service	
A/C or Heat	
**Tables / How Many:	
Round	
How many seats at each table	OFFICE USE ONLY
Rectangle Size 6ft 8ft	
Size 6ft8ft	
How many seats at each table	ADDDOVED DV-
Requesting Someone to be Available to Unlock	APPROVED BY:
and Lock Doors at these times,	
Unlock:	
Lock:	
	DATE: