



[ ] New Request

[ ] Revision to Prior Request

## EVENT REQUEST FORM

Instructions: Complete for any activity that affects the church staff, other church departments/functions, or that requires the use of any portion of church facilities or equipment. See additional "Important Information" on the reverse of this form.

Your Name	Name of Host or Group	Today's Date ____/____/____
Home Phone	Work Phone	Cell Phone
Event Name:		Set Up Time ____:____ am pm
Event Date Desired ____/____/____	Circle Day(s) of Week: Mon Tue Wed Thur Fri Sat Sun	Event Start Time ____:____ am pm
Alternate Date Choice ____/____/____	Circle Day(s) of Week: Mon Tue Wed Thur Fri Sat Sun	Event End Time ____:____ am pm

Describe in detail what will be taking place at the event

# in Attendance Expected:	Who is Speaking?
Total event cost (total amount of \$\$ needed to host event) \$_____.	
Amount collected from those in attendance: \$_____ per person X _____ persons = { \$_____ }	
Church funds needed (Total event cost minus amount collected from attendees): \$_____.	
Have you completed a Purchase Request (PR) for Church Funds? ____ Yes ____ No	Pastor to whom you/the event reports)? ____ Yes ____ No

### FACILITIES and SERVICE REQUIREMENTS

HAND-OUT ANNOUNCEMENT: Should the event be advertized with a hand-out? (based on available space/size & scope of event)? [See #8 and 9 on next page] ____ Yes ____ No	AUDIO: Is audio support/sound technician required? ____ Yes ____ No	
VIDEO ANNOUNCEMENT: Request a Video announcement? [See #9 and 10 on next page] ____ Yes ____ No ____ Announcement ____ Full Recording ____ Live Streaming	LIGHTING: Is special lighting required? Define what is needed. Use additional page if necessary. ____ Yes ____ No	
Check here if event is off campus [____] If at Love City Church, check room(s) you desire to use: Upper Level: [ ] Lobby [ ] Next Level [ ] Auditorium* Lower Level: [ ] Nursery [ ] Toddler [ ] Classroom 1 [ ] Classroom 2 [ ] Fellowship Hall [ ] Kitchen	If off campus, where will event be held? [Skip to next page if Off Campus]	
Number of Chairs Needed:	Number of Tables Needed:	Note to Requester: Attach a room or table layout to assure proper placement
Lectern / Pulpit Needed?	____ Yes ____ No	
Will food be served?	____ Yes ____ No	
Will additional rooms be required for childcare?	____ Yes ____ No	
If rooms are needed for childcare, which room(s) are you requesting?		
Childcare Guidelines: 1) Ages 0-4 MUST be cared for by an additional care giver in a room separate from ages 5-12. 2) Child Care Provider: Must be 18 years of age or older and background check must have been completed. 3) Care Ratio: No more than 7 children per care giver shall be permitted.		
Have you arranged for sufficient childcare according to these Childcare Guidelines?	____ Yes ____ No	
Have you planned a MINIMUM \$25 per child care worker in your budget?	____ Yes ____ No	
The church asks that tips NOT be collected for child care workers as tips must be reported to the IRS as income. Please initial: _____		
Will any portion of the event take place outdoors?	____ Yes ____ No	
If so, what outdoor locations are desired?	OVER >>	

### Important Information

1. \*The Auditorium is generally not used for social events unless the expected attendance exceeds 50.
2. For events requiring food service, the Staff Kafe near the kitchen will be assigned, if available.
3. Use of Church Kitchen must be approved in advance. Event Coordinators will be responsible for:  
Complete cleaning of the Church Kitchen after an event. See guidelines posted in Church Kitchen  
Collection and Disposal of trash in Dumpster accumulated during the event both inside and outside.
4. Money shall not be raised or collected in any fashion without prior written approval by the responsible Pastor.
5. Money collected through attendance fees, tickets, etc., must be submitted to the Financial Dept. for Deposit ASAP.
6. Church Funds shall not be disbursed for any reason without the formal authorization of a LCC Purchase Request.
7. Your Event Request must be signed by the responsible Pastor.
8. No event shall be placed on the Master Calendar nor Announced until the event is authorized in writing.
9. Please allow a MINIMUM of 2 weeks for a response. Not all events will be in a hand-out or in video announcements.  
***3 months' notice is recommended to secure the desired dates and rooms.***
10. Submit the original pink form to the Church Office, Monday through Thursday, between 10 am and 5 pm,  
OR submit the completed form to the representative at Connections during a Worship Experience  
OR mail the form to 521 N. Main St, Gloversville, NY 12078. **(FAX's NOT accepted)**

**PLEASE DO NOT ASSUME THAT EVENTS/FACILITIES ARE APPROVED UNTIL  
YOU ARE CONTACTED BY THE CHURCH OFFICE.**

**Your signature below indicates that you have read and will comply with the guidelines on this form**

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### REVIEW/APPROVAL

**Authorizing Pastor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

### OFFICE USE ONLY

Senior Pastor's Review/Authorization (please initial):

\_\_\_\_PJW    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Comments: \_\_\_\_\_

**Approval:**    \_\_\_\_ As is    \_\_\_\_ With the Following Amendments

**Postponed / Denied** (circle)    Reason: \_\_\_\_\_

**Response Communicated  
to Requester**

Date of Communication:

By:

\_\_\_\_/\_\_\_\_/\_\_\_\_

After approval or denial, make appropriate staff copies, mail copy to requester (front and back) and  
file ORIGINAL at Love City Church office in reverse date order

**Staff Copies  
Distributed To:**

**Added to Master  
Calendar by:**