

VILLAGE BIBLE CHURCH
EMC - EVENT / MEETING / COMMUNICATION FORM

PLEASE RETURN THIS FORM TO ADMIN. ASSISTANT

Initial Submission
Further Information
Change # _____

1

Today's Date: _____ Form Submitted by: _____
Name of Event: _____ Phone # _____
Date of Event: _____ Email Address _____
Time of Event: _____ Ministry Team Represented: _____

I would like to: (fill out appropriate section below)

_____ Schedule an event/meeting on the calendar	_____ Submit Communication request
_____ Submit a Sunday bulletin announcement	_____ Reserve a room (# of people _____)
	_____ Request a <i>Moment for Missions</i>

2

SPEAKER PRESENTER INFORMATION

Please attached a brief paragraph with bio information

For : _____ Moment For Missions _____ Ministry Spotlight _____ Other _____
Name _____ Phone: Cell _____ Work _____
Email _____

3

FACILITY NEEDS

_____ Sanctuary _____ Upstairs Loft/Classrooms _____ Gathering Hall _____ Lobby _____ Classroom(s) _____ #/people
_____ Parlor _____ Prayer Room _____ Nursery _____ Kitchen _____ Other

Need Building Key Date Checked out _____ Checked out by _____ Date Returned _____

Who, from your group, will be locking up the building after your event: _____

4

COMMUNICATION (All information should be provided by submitting party.)

Please attach a paper copy and email an electronic copy to barbi@vbchsv.org

_____ Mass e-mail (date to be sent _____) _____ Bulletin Announcement (dates to print _____, _____)
_____ Bulletin Insert (date inserted _____) _____ Village Voice (date to print by _____)
_____ Website announcement (date to be posted _____) _____ Prayer Sheet announcement
_____ Newsletter Article [Article submission by 15th of month before _____ (insert month)]
_____ Video Presentation (Must be Media Ready and provided at least 2 weeks in advance.) **Date Requested** _____
_____ Video Recording & Production (You will be contacted prior to date of event.)

Two-sentence announcement for Bulletin/Prayer Sheet: _____

5

DISPLAY TABLE FOR FOYER

Date(s) of Display _____ (Display tables are 6 ft long.)
Display will be "manned" by _____
Display set up by person(s) phone _____ email _____
Will products be marketed (tickets, CDs, books, etc.) Type of product _____
Will money be received: _____ Yes _____ No

Instructions for reservations/sales made by office during work week : _____

_____ I understand that it is my responsibility to have the contents removed/stored so that the display can be taken down in a timely manner.

6

Moments For Missions

AM Worship Service Other Date for speaker _____
Requested by (Mission Team Member): _____

7

Ministry Spotlight Announcement

Date _____ Event/spotlight will be on (subject) _____
_____ I was given a copy of the Ministry Spotlight preparation guidelines.

8

EQUIPMENT/PERSONNEL

<u>Mechanical</u>	<u>Sanctuary</u>	<u>Class Rooms</u>	<u>Audio Visual Location</u>	<u>Kitchen</u>
<input type="checkbox"/> Bldg. Open/Close	<input type="checkbox"/> Ushers	<input type="checkbox"/> TV/VCR/DVD Cart	<input type="checkbox"/> Lower Sanctuary	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Heat/Air	<input type="checkbox"/> Piano	<input type="checkbox"/> Podium	<input type="checkbox"/> Upstairs Loft	<input type="checkbox"/> Dinner/ Silverware
<input type="checkbox"/> Outside Lights	<input type="checkbox"/> Organ	<input type="checkbox"/> Podium w/Mic	<input type="checkbox"/> Off Campus	<input type="checkbox"/> Dishwasher Person
<input type="checkbox"/> Inside Lights		<input type="checkbox"/> Laptop/Screen	<u>Audio Visual Needs</u>	<input type="checkbox"/> Stove/Convec Oven
<input type="checkbox"/> Tables			<input type="checkbox"/> Sound	<input type="checkbox"/> Food Warmers
			<input type="checkbox"/> Video/Projection	<input type="checkbox"/> Steam Table

9

Nursery Care? **Child Care:** Infant _____ Ages _____ # of Kids _____
Yes _____ No _____ Toddler _____ Ages _____ # of Kids _____

10

PLEASE PROVIDE A DRAWING OF REQUESTED SETUP

Set-Up Diagram: Include # of Chairs, People & Tables: Location of Podium etc.

FOR OFFICE USE ONLY

Approval of EMC Request _____
Authorization
Date

OR Conflicts to be resolved: _____

Please return this form with solution after conflicts are resolved.

Approval Confirmation Phone Email In Person