

MLBC Event Schedule Form

Date of Request: _____

Event: _____ Number expected to Attend: _____

Event Date: _____ Sun Mon Tues Wed Thurs Fri Sat

Location: Worship Center Fellowship Hall Choir Room Youth Center Other _____

Time: Start of Event: _____ End time of Event _____
Open Time of Facility: _____ Close Time of Facility: _____

Address (if off campus): _____

Sponsoring Group: _____

Contact Person: _____ Phone (Home): _____ Work: _____

Kitchen List (church ministry events only):

List Amounts Needed: _____ Paper Goods _____ Plastic Ware _____ Cups _____ Other _____

Audio/Visual Equipment (Sound)

Sound Technician

TV

Cassette player

Video Projector

VCR

Microphone(s)

Overhead Projector

Screen

Other

Childcare (Special Event Childcare form must be completed prior to approval)

Babies _____

1's _____

2's _____

3's _____

4's _____

5's _____

Grades 1-3 _____

Grades 4-6 _____

Custodial (If you need additional space, please add another page)

Special Note:

Each group that uses church facilities is asked to do the following:

- ◆ Dispose of all trash and garbage in the dumpster.
- ◆ Clean kitchen if used (dishes that are left will be disposed of after one week)

Fees

Sound Technician _____

Maintenance _____

Utilities _____

Total _____

Approved By: _____ Date: _____