

Event Request Form for UUCLR/UUCLR Sponsored Function

Event Information

Team/Committee: _____ Event Title: _____

Contact Person: _____ Phone: _____ Email: _____

Contact Person: _____ Phone: _____ Email: _____

Date: _____ Set Up Time: _____ Event Start Time: _____

Event End Time: _____ Close/Clean up Time: _____

If this is a recurring event, describe when and how often: _____

Space Needed: Thomson in Mehta Wing Kitchen Chapel Pehrson Nursery Other Classroom

Purpose/Goal of the Event: _____

UUCLR Budget/Fund (if any): _____

Cleaning Deposit Needed: Paid Date: _____ Amount: \$ _____ Refund (see comments)

Other Resources

Minister needs to be involved Please describe: _____

Child Care (all child care providers must be approved by the DRE): _____

Audiovisual Equipment/Assistance: Projector Sound Other: _____

Office Assistance (fliers, printing, etc): _____

Communications: Weekly Email Facebook Special Email Invitation Other (explain below)

Other: _____

Approvals

Team Staff Liaison: _____ Approval Signature: _____

Tentative Date in Church Calendar (by Admin): _____

Program Council Date Reviewed: _____

Fundraiser: Yes Date Approved by Finance Committee: _____

Team Information (needed at least five days prior to event)

Team Members (including outside group participants): _____

Clean Up Crew: _____

Who will be issued a key and security code: _____

Comments: