

Canaan Baptist Church Activity Request Form

Name Of Event (Print Clearly): _____

Date of Request: _____ Estimated # of people: _____ Functional Area: _____

Date of Event: _____ Start Time: _____ End Time: _____

Preferred Location: _____ Ministry Name: _____

Ministry Leader: _____

Requestor's Name: _____ Contact #: _____

Set Weekly/Monthly Meeting: Day _____ Week _____

Event Contact Name: _____ Contact # _____

Set Annual Event: Month _____ Day _____ Email Contact: _____

Plans For Trash: _____

Equipment Needs (Check appropriate boxes)

Audio/Video

- TV
- Microphone Qty: _____
- Projector
- Laptop
- Video
- Other

Furniture

- Chairs
- Tables: Round Qty _____
Rectangular Qty _____
- Podium
- Piano
- Other

Fixtures

- Black Board
- White Board
- Display Screen
- Easel
- Flip Chart
- Other

Misc.

- Elevator Service:
Primary _____
Secondary _____
- Kitchen
- Flyer for Approval
- Poster for Approval
- Web Posting: Yes No

Brief Description of Event

Facilities Approval (Do Not Write Below This Line)

Date Received: _____ Set-up Date: _____ Clean-up Date: _____ Assigned Building #: _____

Assigned Room: _____ Room Layout Style (See Reverse): _____

Office/Facility Approval: _____ Date: _____

Maintenance Technology PR Audio Other: _____