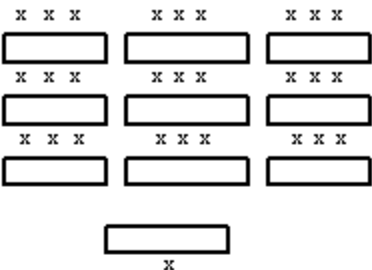
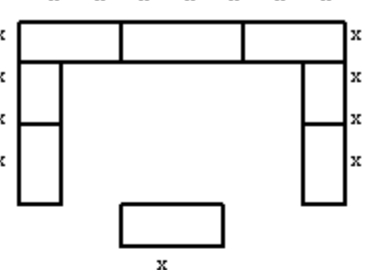
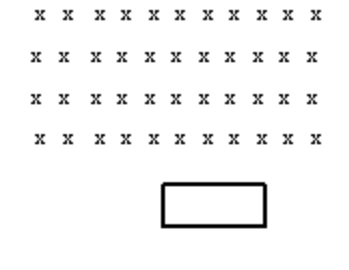
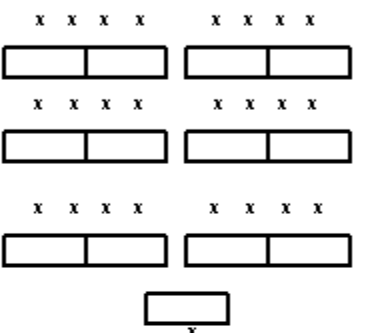
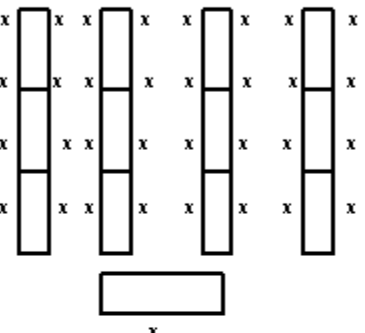
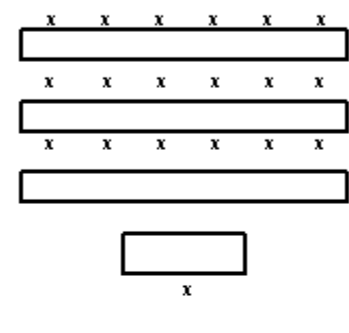


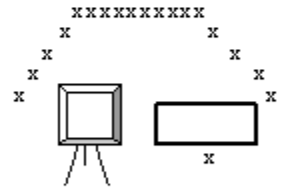
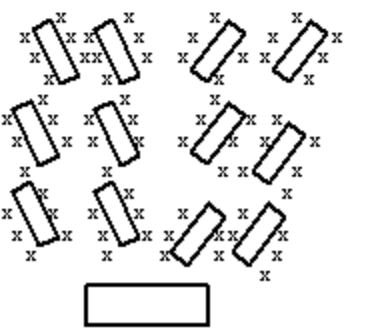
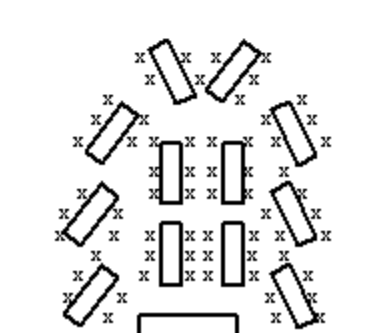
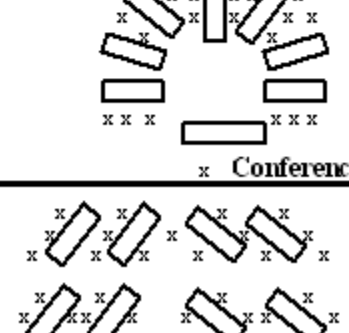


Table Layout

 <p>Classroom</p>	 <p>U Shape</p>	 <p>(Chairs Only) Theater</p>
 <p>Presentation</p>	 <p>Vertical</p>	 <p>Conference</p>
 <p>Board</p>	 <p>Square</p>	 <p>(Chairs only) Facilitating</p>
 <p>Herringbone</p>	 <p>Horseshoe</p>	 <p>Chevron</p>

Place a check mark (✓) by the requested location.

MEETING/EVENT REQUEST FORM

THIS MEETING/EVENT IS: **ON-SITE** **OFF-SITE** • **Katy**

Please submit via Administrative Mailbox at least two (2) weeks prior to meeting/event. Special Events need to be submitted at least six (6) months prior to the event. The Agenda and all details including the purpose are to be attached.

Faxes are no longer acceptable.

Please type or print clearly all and accurate information as it applies to this Meeting/Event.

MEETING/EVENT NAME:	BUDGET CODE:	Date:
PERSON SUBMITTING REQUEST:	Telephone Number : DAY:	EVE:

DEPARTMENT HEAD SIGNATURE:	Telephone Number:	Date
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Attached: Program () Agenda () Other Details ()

Date Needed:	Day of the Week: (i.e. Monday)	Start Time:	End Time:
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Recurrence Days (Circle One Only -- If not listed below please specify here→):

Daily Weekly Bi-Weekly Monthly Quarterly (3-month intervals)
 Quarterly (4-month intervals) Yearly

Reserve Following Area(s): Entire Building Room # Room # Kitchen Facility
 Conference Room Information Booth Choir Room Fellowship Hall Sanctuary

Table/Chair Layout (On back, circle your Setup for Meeting.)

EQUIPMENT: (Certain equipment is only available for special occasions.)

<input type="checkbox"/> Overhead Projector <input type="checkbox"/> VCR/Monitor <input type="checkbox"/> Slide Projector <input type="checkbox"/> TV <input type="checkbox"/> Computer Set-Up <input type="checkbox"/> Audio/Visual Set-up <input type="checkbox"/> Lectern/Microphone	Other:	
Easel: Podium Digital Camera Stand Pad		

OTHER NEEDS: Detailed explanation of necessities for this Meeting/Event – below/attached (i.e. Ministry(ies) you need to participate).

SECURITY: Specify hours and other details needed. Refer to the Staffing Fee List in the Leadership Manual.

ABC ADMINISTRATIVE OFFICE USE

Date Received/Initials:	Date Director Submitted For Approval/Initials:	Pastor Approval Signature/Date:
Pastor Denied Signature/Date:	Reason denied:	

MAINTENANCE USE

Request submitted for Set-up/Support	1.	2.	3.
Date Process completed/Initials:			

Any participation needed for this Event/Program from any Ministry/Dept. etc. should be included in the "Other Needs" section on this form or attached. Please refer to the Meeting/Event Section of the Leadership Manual for clarification of this form. **ALL REQUESTS ARE SUBJECT TO APPROVAL AND AVAILABILITY.**