



# Bethany Event Request Form

Date of Request \_\_\_\_\_ Received by (initial) \_\_\_\_\_

Date of Event Requested \_\_\_\_\_

Time \_\_\_\_\_ to \_\_\_\_\_

To ensure your date requested is available, please submit your form to the church office (4-6) weeks before your event. Please complete all that apply.

Auxiliary Planning Event \_\_\_\_\_

Organization (other than BBC) Planning Event \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_

Member of Bethany Yes \_\_\_\_\_ No \_\_\_\_\_

## Facility/Service Requests

Sanctuary Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Fellowship Hall Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Kitchen Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Kitchen Ministry Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Audio/Video Ministry Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Microphones \_\_\_\_\_ Sound Check \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

CD's Played \_\_\_\_\_

Video \_\_\_\_\_

PowerPoint \_\_\_\_\_

Music Ministry Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Musician \_\_\_\_\_

Praise Team \_\_\_\_\_

Requesting Pastor Turner Yes \_\_\_\_\_ No \_\_\_\_\_

## Summary of Event

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