

Lighthouse World Outreach Center

Ministry Calendar Request

Calendar requests are reviewed each Tuesday. Please allow at *least three weeks* for this review. Early is always better. Church functions receive primary consideration. Complete all applicable information. You will be notified when your request is processed. Please contact the church office with questions or concerns.

Ministry/Class Name: _____

Department Pastor: _____

Event: _____ Date & Time of Event: _____ AM/PM

Is this a church sponsored/ministry event? Yes No

Location of Event: Sanctuary Family Life Center Youth Building Classroom # _____

Please have church/room opened by: _____ AM/PM

Off Campus Event Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Childcare

Will your event require Nursery or child care services? Yes No

Childcare requests will be verified with the Children's Pastor prior to approval; may incur charges.

Babies 0-1: _____ Toddlers 1-2 yrs old: _____ 2-3 yrs old: _____ 3-4 yrs old: _____

Has use of the nursery/child care area been approved by the Children's Pastor? Yes No Date: _____

Transportation

Will the church van/bus be needed? Yes No Van or Bus Driver(s): _____

Van/Bus use scheduled with Van/Bus Ministry Leader? Yes No Date called & scheduled: _____

Production/Media

Complete if you will need sound and lighting for your event: Sound Lighting Both
CD/DVD Marker Board Projector Screen TV/DVD Combo Other: _____

Will your event require use of stage and musical instruments? Yes No Date: _____

Eastgate Media Center to be opened? Yes No If yes time range: _____

Kitchen

Will the kitchen be needed for your event? Yes No

Cost

Will this event require budget use? Yes No Amount Required: _____

Has a purchase order been submitted? Yes No If yes, PO# _____

Does your event coincide or conflict any other scheduled event on the church calendar? Yes No

If yes, please list what measures have been taken to resolve this conflict: _____

Custodial Information

Submitted by: _____ Date Submitted: _____

Ministry Department: _____ Function: _____

Date of Meeting: _____ Time of Meeting: _____

Room(s) Needed: _____

Diagram of Room Set-Up

Please draw a diagram showing location & number of chairs, tables, or other special equipment

Special information for custodial staff: _____

Standing Request

If you will be using a particular room on the same day and time each week, please specify: _____

Day of week; Time of Day/Night; Length of time needed: _____

FOR OFFICE USE ONLY

Calendared By: _____ Date: _____

Signature of Ministry Leader/Requester: _____ Date: _____

Signature of Administrator: _____ Date: _____

Signature of Pastor: _____ Date: _____

Declined Reason: _____
