

# Antioch Baptist Church Calendar Event Form

Please print or type:

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity/Event: \_\_\_\_\_

Antioch Member Responsible: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Activity/Event information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_:\_\_\_\_ a.m.  p.m.  End Time: \_\_\_\_:\_\_\_\_ a.m.  p.m.

On Campus  Off Campus, where: \_\_\_\_\_

Contact person and phone number at off-campus location: \_\_\_\_\_

**Off Campus event:** Staying Overnight?  yes  no Return date & time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ a.m.  p.m.

**If there is a cost for this event,** how much per person? \$\_\_\_\_\_ Due at sign-up  Due on event date

A deposit of \$\_\_\_\_\_ is due \_\_\_\_/\_\_\_\_/\_\_\_\_ Final payment is due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scholarships are available for this event, contact \_\_\_\_\_ to discuss scholarships.

Do we need to take payment and cut a church check for the event?  yes  no (if yes, complete a check request form)

Will you be checking out the church credit card?  yes  no (Save all receipts & return them to the church office)

**On-campus meal/refreshments:** It is your responsibility to contact the church hostess and make arrangements for on-campus meal.

Area(s) requested: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Multi Purpose Room   | <input type="checkbox"/> Sanctuary             |
| <input type="checkbox"/> Student Center   | <input type="checkbox"/> Classroom: _____      |
| <input type="checkbox"/> Kitchen (old)  | <input type="checkbox"/> Fellowship Hall (new) |
| <input type="checkbox"/> Kitchen (new) (Fellowship Committee Member must be informed) | <input type="checkbox"/> Other: _____          |

**Church Van Needed:**  yes  no If yes, who will drive? \_\_\_\_\_

**Key to be checked out:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ a.m.  p.m.

**Sound System needed?**  yes  no It is your responsibility to contact a sound tech.

**Bulletin Announcement needed?**  yes  no Date(s) to appear in bulletin: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sign-up box on bulletin?**  yes  no

**Phone Tree needed?**  yes  no Date(s) to be sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ to what group: \_\_\_\_\_

**Nursery Care Needed?**  yes  no It is your responsibility to inform Nursery Director and arrange childcare.

**Childcare needed?**  yes  no It is your responsibility to inform Children's Director and arrange childcare.

*\*All on-campus childcare must be performed by an adult aged 18 or older who has been approved by the Children's Ministry through our background check process. Persons under the age of 18 are not allowed to care for children on church property. This is a requirement to use church facilities for childcare and no exceptions to the age requirement will be made..*

**Person(s) performing childcare:** \_\_\_\_\_

Approval of Children's Ministry Director: \_\_\_\_\_

(Director's signature indicates that person(s) have passed background check)

**What do you hope to accomplish with this event?**  Believe (Evangelism)  Belong (Fellowship)  Become (Discipleship)

*I have read and understand the above, especially the items concerning child care. I am the contact person responsible for this event. This event will not be placed on the church calendar until the signed request form is received in the church office.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Office Use Only:

**Requested Date Available:**  Yes  No

**Item placed on church calendar by:** \_\_\_\_\_ **date:** \_\_\_\_/\_\_\_\_/\_\_\_\_