

BEN HILL UNITED METHODIST CHURCH

PROGRAM REQUEST FORM

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Copied to \_\_\_\_\_

Date Copied \_\_\_\_\_

This form should be completed for the scheduling of all Ben Hill United Methodist Church ministry sponsored functions. This form should also be used by all BHUMC ministries and members requesting space within the church facility and grounds. Please complete all applicable sections and submit to the Church Council for approval.

SECTION ONE: CONTACT AND MINISTRY INFORMATION

Contact Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Contact Information: Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Ministry \_\_\_\_\_ Ministry Chair Signature \_\_\_\_\_

Vision Area Chair Signature \_\_\_\_\_ Clergy Signature \_\_\_\_\_

SECTION TWO: INFORMATION FOR EVENT DATE CONFIRMATION

Please complete the following information to request approval for your function, its specific date and desired location. You will receive written electronic approval confirming the requested information or suggested alternatives within 5 days from the Church Council.

FUNCTION TYPE: \_\_\_ Meeting \_\_\_ Event \_\_\_ Program \_\_\_ Other \_\_\_\_\_

DESCRIPTION (i.e., Sanctuary Choir Rehearsal, Family & Friends Day) \_\_\_\_\_

DESIRED DATE \_\_\_\_\_ DAY OF THE WEEK \_\_\_\_\_

ALTERNATE DESIRED DATE \_\_\_\_\_ DAY OF THE WEEK \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Desired Location \_\_\_\_\_  
Room location is subject to change based upon availability.

# of Attendees \_\_\_\_\_ Estimated Function Costs \_\_\_\_\_ Budget Line Item \_\_\_\_\_

SECTION THREE: TYPE OF SERVICES and/or STAFF NEEDED

Please indicate all services needed.

\_\_\_ PLEASE CHECK IF NO SERVICES ARE NEEDED FOR THIS EVENT - SPACE REQUEST ONLY.

MINISTERIAL NEEDS: \_\_\_ Clergy \_\_\_ Laity

MUSIC NEEDS: \_\_\_ Accompanist \_\_\_ Choir \_\_\_ Soloist

ADMINISTRATIVE NEEDS: \_\_\_ Word Processing \_\_\_ Bulletin Announcement \_\_\_ Graphic Design \_\_\_ Mailing

\_\_\_ Supplies (Please be specific) \_\_\_\_\_

COMMUNICATIONS: \_\_\_ Audio \_\_\_ Hand Held Microphone \_\_\_ Lavalier Microphone

\_\_\_ Video \_\_\_ TV \_\_\_ DVD Player \_\_\_ Wireless Computer Capability

Other (Please explain): \_\_\_\_\_

\_\_\_\_\_

FACILITIES SERVICES:  Tables (# )  Chairs (# )  Trash Cans (# )

Podium  Security  Nursery  Transportation (Mini bus or van)

Other (Please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you require set-up/breakdown assistance from our facilities staff?  Yes  No

FOOD SERVICES NEEDED  Yes  No USE OF KITCHEN NEEDED  Yes  No

Note: Catering must be contracted separately following the Board of Trustees guidelines for use of the Kitchen at Ben Hill UMC.

MARKETING NEEDS:  Flyer/Brochure/Program/Booklet/Other Advanced Graphic Design  Website Posting

Outside Marketing (i.e. press release)

PRINT SHOP NEEDS:  Number of Copies  Single Sided  Double Sided  Booklet

Other (explain \_\_\_\_\_)

Finishing Services  Collated  Stapled Type of Paper Needed (3 hole punched, etc.) \_\_\_\_\_

Date and time copy will be ready to print \_\_\_\_\_

WORSHIP NEEDS:  Acolytes  Communion  Finance  Ushers

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION FOUR: FOR ADMINISTRATIVE USE ONLY**

EVENT DATE AND TIME CONFIRMED  YES  NO

IF NO, REASON & SUGGESTED ALTERNATIVE \_\_\_\_\_

LOCATION ASSIGNMENT CONFIRMED \_\_\_\_\_

CHURCH COUNCIL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADMINISTRATIVE SERVICES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

A completed copy of this form will be forwarded to the following individuals upon completion by the Administrative Services representative:

Submitter/Ministry Chair (Name \_\_\_\_\_)  Vision Area Chair (Name \_\_\_\_\_)

Clergy/ Staff (Name \_\_\_\_\_)

Accounting  Admin. Svcs.  Communications  Facilities Svcs  Marketing  Print Shop  Worship