

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. All BHUMC ministries and members requesting space and services throughout the campus must complete this form. Please complete all applicable sections and submit to the appropriate Pastor 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 meeting/event, its specific date and desired location. You will receive written electronic approval confirming the requested information or suggested alternatives within 5 business days from the Church Office.

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

WORSHIP NEEDS: ___ Acolytes ___ Communion ___ Finance ___ Ushers

ADMINISTRATIVE NEEDS: ___ Word Processing ___ Mailing ___ Office Supplies (please be specific)

COMMUNICATIONS: ___ Audio ___ Hand Held Microphone ___ Lavalier Microphone

___ Video ___ TV ___ DVD Player ___ Projector/Screen

Other: Complete Communications Request form for special request(s) _____

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.

HOSPITALITY NEEDED ___ Yes ___ No _____ #Servants Requested ___ Serving Supplies

Note: The requesting ministry must provide all serving supplies.

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

___ Outside Marketing (i.e. press release) ___ Bulletin Announcement (Complete Bulletin/Pulpit Announcement form)

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

___ Other (Please Explain _____)

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

Date and time copy will be ready to print _____

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 _____

The Administrative Services representative will forward a completed copy of this form to the following individuals upon completion:

___ Submitter/Ministry Chair (Name _____) ___ Vision Area Chair (Name _____)

___ Clergy/ Staff (Name _____)

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