

**The Higher Way Church - Jones Memorial**  
**CALENDAR/EVENT & FACILITY REQUEST**

**All calendar/event requests must be received no fewer than 45 days prior to the event – *events are pending until approved.***

DATE SUBMITTED: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

MINISTRY / ORG: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_ LOCATION (If off-site) \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

DAY(S) REQUIRED:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

ONGOING EVENT?  No  Yes FREQUENCY:  As Needed  Weekly  Bi-weekly  Monthly

EVENT TIME: \_\_\_\_\_ END: \_\_\_\_\_ RESERVE TIME: Setup \_\_\_\_\_ Teardown \_\_\_\_\_

**BULLETIN ANNOUNCEMENT, if applicable: (Provide text)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ROOM & SETUP:**  Sanctuary  Fellowship Hall  Youth Rm (128)  Prayer Rm (136)  Choir Rm  
 Classroom(s) # \_\_\_\_\_  Other \_\_\_\_\_

**NUMBER OF PEOPLE:** \_\_\_\_\_ **NUMBER OF CHAIRS:** \_\_\_\_\_ **NUMBER OF TABLES:** \_\_\_\_\_

**REGISTRATION:** Table in Foyer? \_\_\_\_\_ After:  8:45  11 am Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*(Subject to approval)*

**SETUP STYLE:**  None Required

- |  |  |
|--|--|
| <input type="checkbox"/> LECTURE (chairs in rows)                            | <input type="checkbox"/> CONFERENCE U-SHAPE (table in u shape with chairs)       |
| <input type="checkbox"/> CONFERENCE (center tables with chairs around table) | <input type="checkbox"/> CLASSROOM (chairs in rows & tables and chairs in front) |
| <input type="checkbox"/> BUFFET (tables only _____)                          | <input type="checkbox"/> WORKSHOP (tables and chairs in rows)                    |
| <input type="checkbox"/> RESTAURANT (ROUND tables with chairs)               | <input type="checkbox"/> OTHER: Provide a written diagram of the setup           |

**ADDITIONAL NEEDS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> KITCHEN                               | <input type="checkbox"/> REGISTRATION TABLE              | <input type="checkbox"/> PODIUM   |
| <input type="checkbox"/> AUDIO/VISUAL SERVICES *               | <input type="checkbox"/> TELEVISION                      | <input type="checkbox"/> DVD PLAYER   |
| <input type="checkbox"/> CHILD CARE *                          | <input type="checkbox"/> PROJECTOR                       | <input type="checkbox"/> EASEL  |
| <input type="checkbox"/> EXTRA CUSTODIAL (setup or teardown) * | <input type="checkbox"/> DRY ERASE BOARD (no markers)    | <input type="checkbox"/> FOOD PERMIT*   |
| <input type="checkbox"/> EXTRA SECURITY (afterhours) *         | <input type="checkbox"/> EXTENSION CORD (specify length) | <input type="checkbox"/> ICE CHESTS & ICE _____<br><small>(How many?)</small> |

(Food Permits MUST be requested 14 days prior to the event date to avoid a \$55 late fee.)

**NOTES/COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Events will be approved or denied within 15 days of receipt of the request. **Costs and special arrangements apply to services indicated by \*** (audio/visual, childcare, food permit, etc.). Complete the form and return it to Bonita Jones via email ([bojones@joneshigherwayumc.com](mailto:bojones@joneshigherwayumc.com)), fax (713-733-9404), or deliver it to the Church Office.

**OFFICE USE ONLY:**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_