"The Higher Way Church"
Jones Memorial

CALENDAR/EVENT & FACILITY REQUEST

All calendar/event requests must be received no fewer than 30 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 _____

ANNOUNCEMENT DETAILS, if applicable: _____

_____

_____

ROOM & SETUP: ☐ **Sanctuary** ☐ **Multi-Purpose/Youth Room** ☐ **Kid's Zone** ☐ **Prayer Room** ☐ **Music Room**

☐ Classroom(s)_____ ☐ Other _____

☐ Lobby ☐ Commons-1-TV ☐ Commons -2

NUMBER OF PEOPLE: _____ **NUMBER OF CHAIRS:** _____ **NUMBER OF TABLES:** _____

SETUP STYLE: ☐ **None Required**

☐ CLASSROOM (**Rectangle** tables & chairs in rows)
☐ RESTAURANT (**ROUND** tables with chairs)
☐ CONFERENCE (Center table with chairs around table)
☐ LECTURE (chairs only, in rows)
☐ BUFFET (tables only)
☐ **OTHER: Provide a diagram of the setup**

SIGN-UP Table: ☐ **Yes** ☐ **No** **Start Date:** _____ **End Date:** _____

ADDITIONAL NEEDS:

☐ KITCHEN (*Cooking requires approval*)
☐ AUDIO*
☐ VISUAL*
☐ CHILD CARE *
☐ EXTRA CUSTODIAL (setup or teardown) *
☐ REGISTRATION TABLE
☐ MEDIA CART/TV
☐ Sanctuary STAGE
☐ DRY ERASE BOARD (no markers)
☐ EXTRA SECURITY (afterhours) *
☐ PODIUM
☐ EASEL
☐ ICE CHESTS____(How many?)
☐ **FOOD PERMIT ★**

***If required, the food permit MUST be requested 14 days prior to the event.**

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 *.** Complete the form and return it to the Building Manager via email (bojones@thehigherwaychurch.org), or deliver it to the Church Office.

OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____