

FCC Event & Room Reservation Request

Directions	<ol style="list-style-type: none"> 1. Completely and clearly fill out both sides of this form 2. Submit the Room Rental Request to the main office at least one month prior to start of event 3. The Exec Team will review your request at their weekly meeting 4. A staff member will contact you and provide you the necessary information <p style="text-align: center;">*** Payment is required prior to your event ***</p>
------------	--

EVENT INFO

Date Submitted	Submitted By	Ministry (if applicable)
Event Title/Room Rental Reason		
First Date of Event	Check day of week <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Start Time of Event <input type="checkbox"/> AM <input type="checkbox"/> PM
Last Date of Event	Check day of week <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	End Time of Event <input type="checkbox"/> AM <input type="checkbox"/> PM
Date and Time of Room Set-up	Is this a Recurring Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when
Is promotion needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (see page 2 for details – FCC events only)		
Contact Person	E-mail	Phone

PERSONS ATTENDING EVENT

Age Group	Number	Room Use/Activity	Preferred Room #	Room # (assigned by staff)
Adults				
Teens				
7 – 12 grade				
5 – 6 grade				
4 – 5 years old				
3 years old				
2 years old				
Toddlers				
Nursery				

OTHER NEEDS

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Round 8' Tables	<input type="checkbox"/> Chairs		
<input type="checkbox"/> A/V	<input type="checkbox"/> Rectangle 6' Tables	<input type="checkbox"/> Playground		

FEES

-apply to rentals only-

The hour count includes set-up time, \$25 custodial fee added to some rentals of Extra Large space

Small Less than 20 people	Medium 20 - 50 people	Large 50 – 100 people	Extra Large 100 + people
Regular Attender: 0-1 hour= no charge 1-4 hours= \$10, \$5/hr each additional Non-Regular Attender: 0-4 hours= \$15, \$5/hr each additional Kitchen add-on: \$5 per hour with a \$20 deposit	Regular Attender: 0-1 hour= no charge 1-4 hours= \$15, \$5/hr each additional Non-Regular Attender: 0-4 hours= \$25, \$5/hr each additional Kitchen add-on: \$5 per hour with a \$20 deposit	Regular Attender: 0-1 hour= no charge 1-4 hours= \$25, \$5/hr each additional Non-Regular Attender: 0-4 hours= \$35, \$5/hr each additional Kitchen add-on: \$5 per hour with a \$20 deposit	Regular Attender: 0-1 hour= \$25 1-4 hours= \$50, \$25/hr each additional Non-Regular Attender: 0-4 hours= \$100, \$25/hr each additional Kitchen add-on: \$5 per hour with a \$20 deposit

FCC Event & Room Reservation Request

Promotion Request for FCC Ministries & Events

Promotion vehicles will be determined based on how this opportunity/event fits into the Purpose, Values & Vision of FCC's objectives and strategies.

EVENT INFO				
Opportunity/Event				
Target audience (Who needs to know?)				
Why should they participate?				
If this event requires an article for the bulletin, attach your article draft for editing; include date, time, location and contact person info in the body of the article.				
REGISTRATION				
Registration deadline			How to register: (check all that apply) <input type="checkbox"/> Web/App <input type="checkbox"/> Connect Card <input type="checkbox"/> East Foyer Counter	
Total Cost of Event \$	Deposit \$	Due Date	Counter Space Date(s) & Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Cash Box Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
\$	Final Payment \$	Due Date	Counter Space Date(s) & Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Cash Box Needed <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY				
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		Initials	Date	Fee Total \$
How should this event be put in Elexio? (check all that apply) <input type="checkbox"/> Kiosk <input type="checkbox"/> Website <input type="checkbox"/> Mobile Check-in <input type="checkbox"/> None			How should this event be published? (check all that apply) <input type="checkbox"/> Website calendar <input type="checkbox"/> None	
NOTES				
Publish to (initial and date)		Outlook	Elexio	White Board
Building Access (initial and date)		Master Key	FOB	Room Key
Approval/Denial E-mail to Contact Person (initial and date)		Event Room(s) & Code(s)		Janitor Room & Code
Copy of Event to (initial and date)		Connie (promotions)	Ric (janitorial)	Liz (chairs & A/V)
Amount Paid		Date	Collected By	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____