

New Life Church

CALENDAR OF EVENTS REQUEST FORM

Event/Meeting Title: _____

Please check all appropriate boxes:

- Event Request**
- Event Change**
Change Date:
From: ____/____/____
To: ____/____/____
- Event Cancellation**

Date Requested:

From: ____/____/____
To: ____/____/____

Day(s) of the week:

- Sun
- Mon
- Tue
- Wed
- Thu
- Fri
- Sat

Recurring:

List pattern or specific dates in Comments section. Please list dates your recurring event may not occur, e.g., if you will not be meeting during the summer or a holiday week, etc.

- Weekly
- Bi-weekly
- Monthly
- Other Recurring
List specific dates

Attendees Expected: _____

Childcare Needed

- Yes
 # children expected _____
- No

Event Start Time: _____ AM PM
Event End Time: _____ AM PM

Setup Date (if different): _____
Setup Time: _____ AM PM

Room Setup:

Note: Attach room setup diagram
 Room Setup
 Special Setup Needed using rentals

Resources Needed:

List additional resources in Comments section on the back of this form.

Chairs:

- Green Qty: _____
- Child Qty: _____

Tables:

- 8 Foot Qty: _____
- 5 Foot Qty: _____
- Round Qty: _____
- Check In

Table Cloths:

- Rectangle Qty: _____
- Round Qty: _____

Table Skirts:

- Red Qty: _____
- Green Qty: _____

Kitchen Products:

- Plates Qty: _____
- Cups- Plastic Qty: _____
- Cups- Coffee Qty: _____
- Napkins Qty: _____
- Carts Qty: _____
- Forks Qty: _____
- Knives Qty: _____
- Spoons Qty: _____

Other:

- Easel Qty: _____
- Garbage Can Qty: _____
- Mirror Qty: _____
- Stools Qty: _____
- Wood Cross
- _____
- _____
- _____

Transportation:

- Covered Trailer

Location(s) Requested:

(Don't forget to reserve rooms for childcare, if pre-approved.)

- Auditorium- Main
- Auditorium- Kids
- Nursery
- Kitchen- Main
- Kitchen- Kids
- Room 1
- Room 2
- Room 4
- Room 5
- Lobby
- Veggie Tale
- Offsite Location/Destination:

Audio/Visual Technician:

For all outside events requiring a technician for A/V or PowerPoint, the party requesting assistance will be charged a fee for the technician's services. Internal events are not charged if approved.

- Sound Operator
- PowerPoint Operator
- Audio Dubbing
- Other Technical:

Audio/Visual Equipment:

- Mic- Headset #: _____
- Mic- Standing #: _____
- Podium with Mic
- Laptop
- Projector
- Video Camera

Playback Equipment:

- CD
- Cassette
- DVD
- Projector Screen
- Television
- VHS

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Comments/Specific Dates/Special Instructions: _____

Additional Resources Needed: _____

Date Submitted: _____ **By:** _____ **Dept:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Pastoral Team Leader Signature (Required): _____

This form is required for all events related to New Life Church, onsite or offsite. All events need to be scheduled through the Master Calendar, including small groups and Bible studies that affiliate themselves to New Life Church.

1. Completely fill out this form for all requested facilities and resources and have it signed by the overseeing pastor.
2. Attach all addition forms needed, including room setups, linen requests, or lists of specific dates.
3. **Submit request forms at least two weeks prior to the event** to ensure approval and processing. Event requests turned in less than two weeks prior will not be guaranteed custodial setup, as the custodial staff is scheduled in advance. Custodial staff may not be available at your event. Contact the church office for additional information.
4. We will do everything we can to accommodate your request(s). However, at times it may be necessary to assign alternate rooms. Please be sure you fill out all required information so we can make an appropriate assignment.
5. Please respect the church property and staff by:
 - a. Using only the rooms that you were assigned.
 - b. Picking up and throwing away any large amounts of trash, debris, etc., generated by your group or event.
 - c. Leaving the rooms in the condition they were in upon your arrival.
 - d. Not running in the hallways.
 - e. Not leaving children unattended in any area of the building.

Calendar:

- Approved/Entered
 By: _____
 Date: _____
- Not Approved
 Reason: _____

Audio/Visual:

- Approved By: _____
 Date: _____
- Not Approved Reason:

- Tech Assigned/Phone:

Copied To:

- Date: _____
- Kristin Aldrich
 - Shawn Clifton
 - Lorelli Deml
 - Debbie George
 - Melitta Heggen
 - Jon Lawson
 - Chris Plasch
 - Brendon Ramseier
 - Dave Steinhoff
 - Rick Thiemke
 - Eileen Van Fleet
 - Other(s) _____

NLC PROMOTION REQUEST

Date Submitted: _____ By: _____

Pastoral Team Leader: _____

EVENT INFORMATION:

Contact Person: _____ Phone: _____

Email: _____ Ministry: _____

Event Title: _____ Day & Date: _____, _____

Start Time: _____ End Time: _____

Location: _____

Cost of the Event: _____ Deadline: _____

Early Registration \$ _____ Deadline: _____

Childcare Provided? Yes - Ages: _____ No

Directions at Info Center: Yes No

TYPE OF PROMOTION:

Announce Dates _____

Please write a 3 sentence announcement that we may choose to use:

Banner Dates _____

Details: _____

Brochure Info Center Dates _____ Bulletin Dates _____

Bulletin Listing Information Needed _____

Dates _____

Card Quantity _____ Due Date _____ Type _____

Information Needed _____

Certificate Quantity _____ Due Date _____

Email Dates _____

TYPE OF PROMOTION:

Flyer Size _____
 Info Center Dates _____ Bulletin Dates _____
 Hand Out Quantity _____ Life Group Due Date _____

Labels Name Badges Quantity _____ Due Date _____
 Lanyards Quantity _____ Due Date _____
 Stickers Quantity _____ Due Date _____
Information Needed _____

Mailing Letter Due Date _____ Postcard Due Date _____
Information Needed _____

Newspaper PSA (Beacon News, Kendall Co. Record, Fox Valley Shopper)
Dates _____
 Follow Up PSA with optional photo
Dates _____ Contact Name _____
 Paid Advertisement
 Beacon Kendall Co. Record Fox Valley Shopper
Dates _____

Sign Up Information Center Dates _____
 Table in Lobby Dates _____
 Online Registration Dates _____
Attach online registration form.

Slide In Lobby With Announcement
Dates _____ Dates _____

T-Shirts Quantity _____ Due Date _____
Will contact for cost.

Website Date added _____
 Date removed _____

Other Information Needed _____

Additional Information

* Please submit to Lorelli Deml at least one week prior to the event to ensure your request will be processed. Please allow additional time if a new design is needed.

New Life Church

ONLINE EVENT REGISTRATION REQUEST FORM

EVENT INFORMATION:

Please check all appropriate boxes:

Event Request

Event Change

Change Date:

From: ____/____/____

To: ____/____/____

Event Cancellation

Event Name: _____

Event Location: _____

Date(s) of Event:

From: ____/____/____

To: ____/____/____

Event Start Time: ____ AM PM

Event End Time: ____ AM PM

Maximum Attendees: _____

Receipts Needed:

Yes

No

REGISTRATION INFORMATION:

Deposits Made To:

Department Number: _____

Account Number: _____

Project Code: _____

(Please make sure these numbers are accurate prior to submission.)

Fees:

Registration Fee: _____

T-Shirt Fee: _____

Deposit: _____

Other: _____

Description and Total Due: _____

Maximum Event Fee: _____

Minimum Event Fee: _____

Attendee Categories:

(Please check all that apply.)

Attendee

Volunteer

Event Leader

Other

Description: _____

ADDITIONAL FORMS:

Please list any additional forms that need to be uploaded along with the registration information.

ADDITIONAL EVENTS:

If there are any optional events that are also taking place and need registration money for please list below and the total.

OFFICE USE ONLY:

Registration Details:

Approved By: _____

Date: _____

Entered By: _____

Date: _____

Event Contact Information:

Name: _____

Phone Number: _____

Email Address: _____

Copied To:

Date: _____

Kristin Aldrich

Shawn Clifton

Lorelli Deml

Debbie George

Melitta Heggen

Jon Lawson

Dave Steinhoff

Rick Thiemke

Eileen Van Fleet

Chris Plasch

Other(s) _____

New Life Church

ONLINE EVENT REGISTRATION REQUEST FORM

Comments/Specific Dates/Special Instructions: _____

Date Submitted: _____ **By:** _____ **Dept:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Overseeing Pastor: _____ **Date:** _____

This form is required for all events related to New Life Church, being posted to Online Registrations. All events need to be scheduled through the Master Calendar and then placed into Registrations by an approved staff member.

1. Completely fill out this form with all important information regarding the registration of the event.
2. Check with Melitta to ensure your department and project codes are accurate for this particular event.
3. Have the overseeing pastor from the department sign the form.
4. Attach all addition forms needed, including release forms and a sample of the informational brochure (if needed).
5. Submit request forms at least two weeks prior to the event registration beginning to ensure approval and processing. Event requests turned in less than two weeks prior will not be guaranteed to be posted on time.
6. We will do everything we can to accommodate your request(s). However, at times it may be necessary to limit the number of online registration opportunities. Please be sure you fill out all required information so we can make an appropriate assignment.
7. Any additional questions may be forwarded to either Kristin, Lorelli, or Melitta. Thank you.