



NEW EVENT FORM

Point of Contact Information:

First & Last Name: _____

Phone Number: _____

Email: _____

EMS Information

Date, Start Time, and End Time of Event: _____

If it repeats, for how many weeks? _____

Time for Setup & Clean Up: _____

Estimated Number of Attendees: _____

Method of Meeting: In-Person (Church Campus) In-Person (Off Campus)
 Zoom Facebook Community Other

Room Requested & Setup: _____

Event Details

Group Name or Event: _____

Event or Study (if different): _____

Event Summary: _____

Communication Requests

- Check All You're Requesting:
- | | | |
|---|---|--|
| <input type="checkbox"/> Outside Banner (\$94) | <input type="checkbox"/> Handouts/Invites | <input type="checkbox"/> Radio (\$50) |
| <input type="checkbox"/> Newspaper (1 st draft written by requestor) | <input type="checkbox"/> Facebook (\$25+) | <input type="checkbox"/> Outside Banner (\$94) |
| <input type="checkbox"/> Facebook (free) | <input type="checkbox"/> Other | <input type="checkbox"/> 20 Yard Signs (\$102) |
| <input type="checkbox"/> 100 Post Cards (\$67) | | |
- Worship: Preservice Worship: Church Life

Allotted \$Amount for Requests: _____

Account Number for Expenses: _____