

Sugar Land Baptist Church

Calendar Request Form

Master Church Calendar Public Calendar

Event Information	Event Day: S M T W T F S
Event Name: _____	Event Date: _____
Start Time: _____ AM/PM	<input type="checkbox"/> One-time Event
End Time: _____ AM/PM	<input type="checkbox"/> Weekly (Begin: ___/___/___ End: ___/___/___)
Arrival Time: _____ AM/PM	<input type="checkbox"/> Monthly (Begin: ___/___/___ End: ___/___/___)

Contact Information
Sponsoring Group/Individual: _____
Contact Person: _____ Email: _____
Contact Phone: (cell) _____ (home) _____ (wk) _____
Contact Address: _____ City _____ Zip _____

Rooms Requested <i>(Please draw room set up on back)</i>
If off-campus, address or site name: _____
<input type="checkbox"/> Room(s) #: _____
<input type="checkbox"/> Kitchen <input type="checkbox"/> 2 nd floor Coffee Bar <input type="checkbox"/> 3 rd floor Coffee Bar
<input type="checkbox"/> Kitchen Access (ice, utensils, refrigerator, etc) <input type="checkbox"/> Conference Room
<input type="checkbox"/> Gym <input type="checkbox"/> Sanctuary <input type="checkbox"/> Trinity Café
<input type="checkbox"/> Other _____

Special Needs
<input type="checkbox"/> Hostess <input type="checkbox"/> Sound Operator <input type="checkbox"/> TV (VCR or DVD?) <input type="checkbox"/>
<input type="checkbox"/> Child Care (Number of children expected: _____) <input type="checkbox"/> Vehicle: _____
<input type="checkbox"/> Paper Goods/Kitchen Supplies (Please complete separate Food Services Request Form)
<input type="checkbox"/> Security <input type="checkbox"/> Other: _____



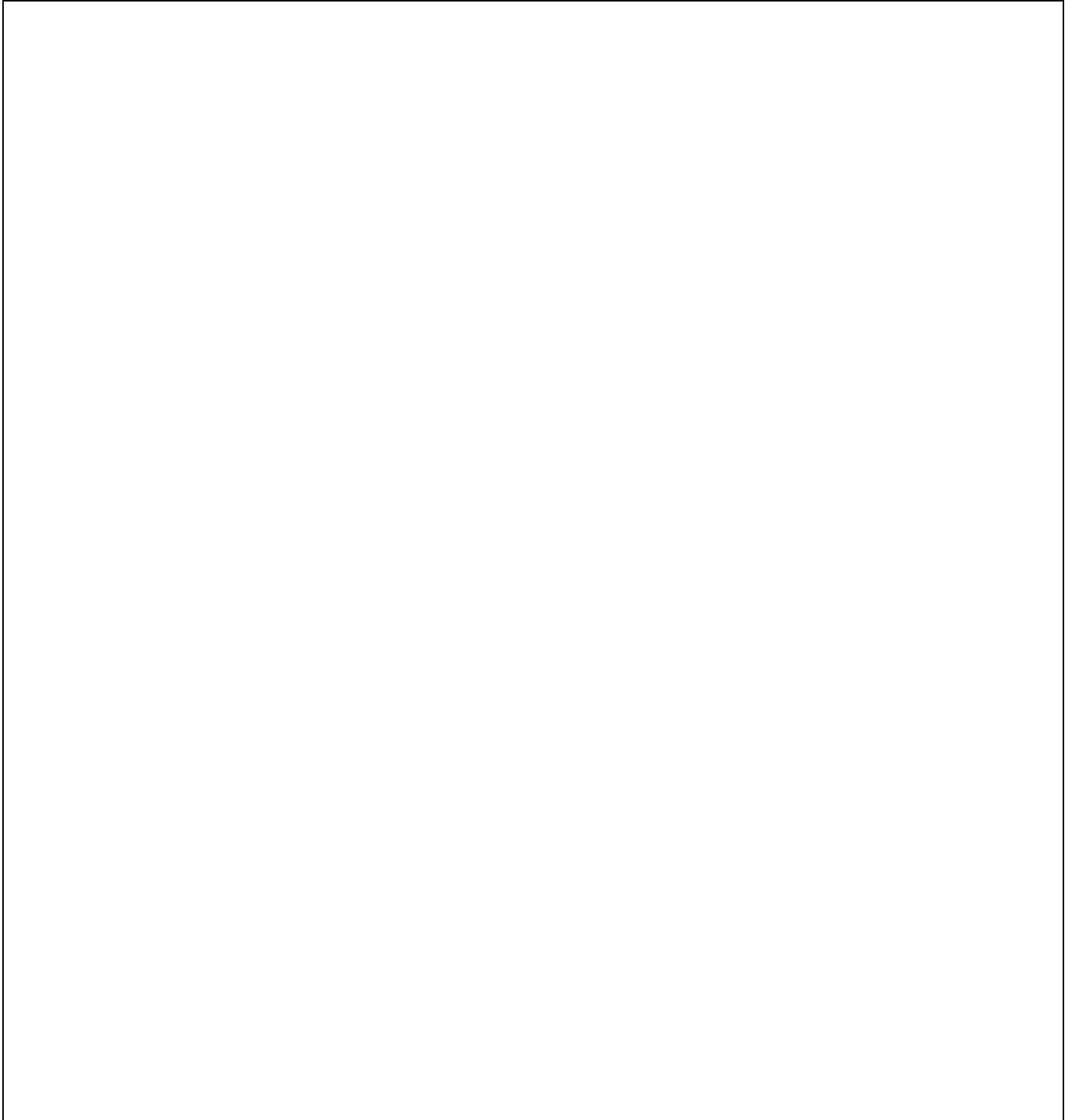
I understand that requests are considered on a weekly basis, and that events and services are not confirmed until approved by staff and a copy returned to you.

Signature: _____ Today's Date: ___/___/___

Office Use Only
Approval Date: ___/___/___ By: _____
Staff Comments: _____
Fee: \$ _____
Copy to:
<input type="checkbox"/> Event Contact <input type="checkbox"/> Calendar <input type="checkbox"/> Building Supervisor
<input type="checkbox"/> Childcare Coordinator <input type="checkbox"/> Church Hostess <input type="checkbox"/> Sound Team
<input type="checkbox"/> Other _____

Room Set-Up Diagram

Chairs Needed _____ # Tables Needed _____



List any other special requests:
