

# KEYS BAPTIST CHURCH CALENDAR REQUEST

## CONTACT INFORMATION

Your Name:  Phone:  Email:

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## EVENT INFORMATION

Event Name:  Ministry or Class:

Start Date:  End Date:  Setup Start Time:

Start Time:  End Time:  Clean Up End Time:

Additional Information:

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## RESOURCES

Will your event use SOUND, LIGHT, VIDEO OR COMPUTERS? YES\_\_\_ NO\_\_\_  
Are you requesting the church provide CHILDCARE? YES\_\_\_ NO\_\_\_  
Are you REQUESTING ASSISTANCE WITH FOOD from the Kitchen Committee? YES\_\_\_ NO\_\_\_  
Are you requesting SETUP ASSISTANCE from the custodian? YES\_\_\_ NO\_\_\_

**ROOM SETUP:** # ROOM REQUESTED \_\_\_\_\_ NUMBER OF TABLES NEEDED \_\_\_\_\_

LEAVE ROOM AS IS: YES \_\_\_ NO \_\_\_

**Please draw or describe set up needed for your event:**

**Any special instructions:**

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**VEHICLES NEEDED:** BUS \_\_\_\_\_ SMALL VAN \_\_\_\_\_ LARGE VAN \_\_\_\_\_