



EVENT REQUEST FORM

Event Request Forms must be submitted for approval 10 WORKING DAYS PRIOR to the date of any VCS event. This form is required for ALL Pre-K-12th school events, fundraisers, field trips and school outings.

EVENT DETAILS

NAME OF PERSON REQUESTING EVENT: _____ TODAY'S DATE: _____

NAME OF EVENT: _____

DATE(S) OF EVENT: _____ EVENT START TIME: _____ EVENT END TIME: _____

PURPOSE OF EVENT: _____

THIS IS A FUNDRAISER (list purpose): _____

WHO WILL BE ATTENDING THIS EVENT? All School JH/HS ELEM Other _____

WHERE WILL THIS EVENT BE HELD?

ONSITE: __Gym __Auditorium/Chapel __Eyrie __Lunchroom __Other _____

OFFSITE Location: _____

DATE EVENT NEEDS TO BE SET-UP: _____ TIME EVENT NEEDS TO BE SET-UP: _____

I WILL NEED KEATON'S HELP SETTING UP THIS EVENT (see back) I WILL BE RESPONSIBLE FOR SETTING UP THIS EVENT

TRANSPORTATION

THE FOLLOWING TRANSPORTATION IS NEEDED FOR THIS EVENT: Bus Other _____

NAME OF THE BUS DRIVER: _____

NAME(S) OF APPROVED DRIVERS FOR ALL PERSONAL VEHICLES: _____

DEPARTURE TIME: _____ RETURN TIME: _____ # OF STUDENTS: _____

WHO WILL CHAPERONE/SUPERVISE? _____

APPROVAL/ROUTING LIST

	INITIAL	DATE	COMMENTS
Briana Streit	_____	_____	_____
Keaton Surratt	_____	_____	_____
Cheryl Nurse	_____	_____	_____
Dave Entwistle	_____	_____	_____
Healey Glessner	_____	_____	_____
Jon Hawkins	_____	_____	_____
Brian Becker	_____	_____	_____
Sherry Cabrera	_____	_____	_____
Naomi Lorenz	_____	_____	_____
Deanna Becker	_____	_____	_____

EVENT SET-UP INSTRUCTIONS

The below section only needs to be completed if you require special set-up for your event.

NAME OF EVENT: _____

EVENT CONTACT: _____ CONTACT #: _____

DATE EVENT NEEDS TO BE SET-UP: _____ TIME EVENT NEEDS TO BE SET-UP: _____

DATE EVENT CAN BE TAKEN DOWN: _____ TIME EVENT CAN BE TAKEN DOWN: _____

WHERE WILL THIS EVENT BE HELD?

Gym Auditorium/Chapel Eyrie Lunchroom Other _____

EQUIPMENT NEEDED:

TABLES: 8ft #needed _____ 6ft #needed _____ Round #needed _____ Other _____

CHAIRS: #needed _____ How do you need them set-up?: _____

BLEACHERS: In (they will not be used) Out (they will be used)

BAND SHELL: All the panels are needed Some of the panels are needed #needed _____

RISERS: On gym stage On gym floor On auditorium/chapel stage Other _____

AUDIO VISUAL (explain in detail what your needs are): _____

SOUND (explain in detail what your needs are): _____

Note: Auditorium sound system must be run by someone trained on the system.

THIS EVENT IS RECURRING

DATE: _____ TIME: _____

DATE: _____ TIME: _____

DATE: _____ TIME: _____

NOTES: _____

PRAYER CONCERNS: _____