

# 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-12<sup>th</sup> school events, fundraisers, and school outings. Please give to Tammy first.

## 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 \_\_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

I Will NEED KEVIN'S HELP SETTING UP THIS EVENT (see back)

MICHELLE NEEDS TO BE INFORMED OF THIS EVENT

## APPROVAL/ROUTING LIST

	INITIAL	DATE	COMMENTS
<input type="checkbox"/> Tammy Steintl	_____	_____	_____
<input type="checkbox"/> Keaton Surratt	_____	_____	_____
<input type="checkbox"/> Kevin Schroeder	_____	_____	_____
<input type="checkbox"/> Cheryl Nurse	_____	_____	_____
<input type="checkbox"/> Healey Glessner	_____	_____	_____
<input type="checkbox"/> Brian Becker	_____	_____	_____
<input type="checkbox"/> Sherry Cabrera	_____	_____	_____
<input type="checkbox"/> Naomi Lorenz	_____	_____	_____
<input type="checkbox"/> Deanna Becker	_____	_____	_____
<input type="checkbox"/> Michelle Ferrel	_____	_____	_____

# EVENT SET-UP INSTRUCTIONS

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

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: \_\_\_\_\_

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: \_\_\_\_\_

Event Requests shall be made by submitting this form to the office. The event location will be reserved and placed on the school calendar only when the administration approves the event.

I agree and understand that all Events will be in accordance with our beliefs, statements of faith and core values.

\_\_\_\_\_  
Signature – person submitting this form

\_\_\_\_\_  
Date