



## EVENT/ACTIVITY REQUEST FORM

**Department:** \_\_\_\_\_ **Submitted By:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

<b>Time of Event:</b> _____	<b>Copies to:</b>
<b>Type of Event:</b> _____	<b>Pastor Fredrica</b>
<b>Permits Required (Y/N):</b> _____	<b>Dept Head:</b>
<b>Total Budget:</b> _____	<b>Others:</b>
<b>Set Up Time:</b> _____	_____
<b>Start of Event:</b> _____	_____
<b>Completion of Event (Time):</b> _____	_____
<b>Teardown Finished (Time):</b> _____	_____

Room Requested	Equipment Needed:	Office Support
<input type="checkbox"/> Main Sanctuary <input type="checkbox"/> Activity Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Café Area <input type="checkbox"/> Hallway <input type="checkbox"/> CED Rooms	<input type="checkbox"/> Sound Equipment/Mics <input type="checkbox"/> Flip Charts & Markers <input type="checkbox"/> Data Projector <input type="checkbox"/> Table's/Chairs <input type="checkbox"/> Coffee Maker / Kettle <input type="checkbox"/> Warming Kitchen	<input type="checkbox"/> Bulletin <input type="checkbox"/> Announcements <input type="checkbox"/> Advertising <input type="checkbox"/> CFOC Calendar <input type="checkbox"/> Printing <input type="checkbox"/> Budget Submitted
For Office Use		
<b>Date Approval</b> a) Calendar of Events _____ b) Pastor/Admin _____ c) Budget Approval _____ d) Maintenance Advised _____		<b>Denied (reason)</b> _____  <b>Reply to Applicant</b> _____ <b>By:</b> _____ <b>Date:</b> _____

## **PRE EVENT AND POST EVENT**

**1. What pre- event setup/teardown is required?**

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**2. Are rehearsal/meeting dates required? Yes ( ) No ( )**

**If so, what are the proposed dates?** \_\_\_\_\_

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**3. Are there setup/teardown expenses and space requirements to factor in  
(i.e. rentals)?** \_\_\_\_\_

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<b>Setup Team</b>	<b>Teardown Team</b>

**4. Total proposed setup/teardown costs:** \_\_\_\_\_

## **EVENT DETAILS**

**1. What is the goal of the event (i.e. outreach, information sharing etc.)?**

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**2. What time of year (i.e. season) do I visualize the event being held in?**

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**3. How much event planning time will that give me?**

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**4. What time of day would be my preference to have our event?**

Start time: \_\_\_\_\_ AM ( ) PM ( )

End time: \_\_\_\_\_ AM ( ) PM ( )

**5. Would the time of year/date or time affect attendance (i.e. holidays)?**

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**6. What type of venue will be the best fit, the best setting, the best backdrop?**

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**7. Are you planning far enough in advance that the best sites will be available?**

Yes ( ) No ( )

**8. How many venues have been researched?**

(for budget approval a minimum of 3 is required) \_\_\_\_\_

**9. Have you contacted the venue? Yes( ) No( ) List contact info below:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Cost: \_\_\_\_\_

**10. Who will track attendance numbers? \_\_\_\_\_**

**11. How many people would you like to attend the event? \_\_\_\_\_**

**12. Is there a minimum commitment (Number of people) for the event to proceed?**

Yes ( ) No ( ) If yes, how many: \_\_\_\_\_

**11. Do you require Ushers and Greeters? Yes ( ) No ( )**

## **GUESTS**

- 1. Will attendees be invited to bring a guest?** \_\_\_\_\_
- 2. What is the target audience (i.e. age range, seniors, men, etc)?** \_\_\_\_\_
- 3. Are children being invited to the event?** Yes ( ) No ( )  
If so, is childcare provided? Yes ( ) No ( )  
Are you requesting the CFOC Children's Ministry Yes ( ) No ( )  
If not, who does your team consist of? (police checks are required)  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Would any specific guests have any special needs (ie handicap accessibility)?**  
\_\_\_\_\_
- 5. Would any of the guests come in from out of town? Yes ( ) No ( )**
- 6. Would CFOC be required to host out-of-town guests pre/post event?**  
Yes ( ) No ( )  
If yes, please explain (include budget): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Will VIPs be part of our event?** Yes ( ) No ( )  
**Expenses for the VIP** (This could mean adding in expenses for hotel rooms, meals, etc. as a must-have budget inclusion)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Will guests receive any gifts (i.e. prizes, gift bags etc)? Yes ( ) No ( )**  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Total projected budget for guest related costs:** \_\_\_\_\_

# ADVERTISING REQUEST FORM

1. Which marketing Items Are Required? *Please check all applicable items*

<b>Advertising Layout Request:</b>	
<input type="checkbox"/> One Page Flyer <input type="checkbox"/> Tri-Fold Brochure <input type="checkbox"/> Program <input type="checkbox"/> Large Poster <input type="checkbox"/> Small Poster <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Quarter Page Hand out Card <input type="checkbox"/> Maps <input type="checkbox"/> Website Ad /Social Media <input type="checkbox"/> Agenda <input type="checkbox"/> Reserve Tags	<input type="checkbox"/> Postcards <input type="checkbox"/> Tickets <input type="checkbox"/> Invitation (envelope) <input type="checkbox"/> Name Badges <input type="checkbox"/> Banner <input type="checkbox"/> Power Point Advertising <input type="checkbox"/> Seat Chart <input type="checkbox"/> Sign Up Sheet <input type="checkbox"/> Handouts <input type="checkbox"/> Other _____

2. What is your vision (i.e. slogan, theme, colours, layout etc.)?

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3. Do you have a write up? (If yes, enter it below)

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4. Event information required:

Date(s) \_\_\_\_\_

Time(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Cost \_\_\_\_\_

Other information \_\_\_\_\_

Child Care    **Yes**    **NO** *Please circle*

5. Number of weeks ad is to be displayed?

Announcements                      \_\_\_\_\_ Weeks

Booklets/Flyers                      \_\_\_\_\_ Weeks ( ) Months ( )

Tickets/Sign up Sheets              \_\_\_\_\_ Weeks ( ) Months ( )

6. **Total projected Budget for advertising:** \_\_\_\_\_

## DÉCOR/SETUP

1. Will you be decorating ? Please check Yes ( ) No ( ) \*If yes, please note only painters tape may be used on the walls.

2. As the guests are arriving at the event, what will they see from the moment they arrive until they are seated (ie registration table ushers, greeters etc)?

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3. Will anything change as the event progresses (moving tables, lights etc)?  
Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

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4. What supplies are required (streamers, balloons, table cloths etc)?

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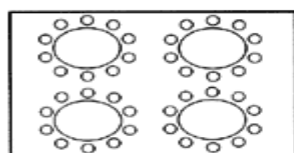
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5. Will a podium be required? Yes ( ) No ( )

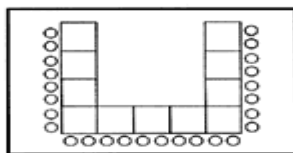
6. How do I see the room being laid out?

Will it be a stand-up event with limited seating? Yes ( ) No ( )

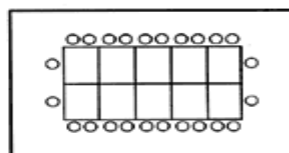
What type of seating (see below for examples)? \_\_\_\_\_



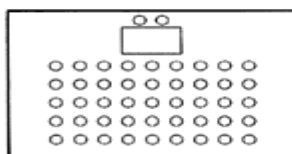
Banquet Style



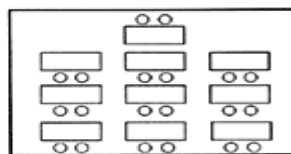
U-Shape Style



Conference Style



Theatre Style



Classroom Style

7. How is the seating managed?

Seating Chart ( ) Place Settings ( ) Open Seating ( )

8. Table Setting

Cloths: Disposable ( ) Non- Disposable ( ) Centre Pieces: New ( ) Church Stock ( )

9. Total proposed budget for décor: \_\_\_\_\_

## **FOOD**

**1. Is a meal included? Yes ( ) No ( )**

**How will the food be served?** Food Stations ( ) Buffet ( ) Plated ( )

**How are beverages served:** Wait staff ( ) Table ( ) Station ( )

**2. What type of beverages will be served?**

Coffee ( ) Tea ( ) Water ( ) Juice ( ) Type: \_\_\_\_\_ Other: \_\_\_\_\_

**3. What type of food do I see being served at our event?**

**A BREAKFAST ( )**

Hot ( ) Continental ( )

Food choices: \_\_\_\_\_

Who will provide the food? \_\_\_\_\_

When will the order be placed? \_\_\_\_\_

Who will pick it up? \_\_\_\_\_

What time/date to pick up? \_\_\_\_\_

**B LUNCH ( )**

Hot ( ) Salads ( )

Food choices: \_\_\_\_\_

Who will provide the food? \_\_\_\_\_

When will the order be placed? \_\_\_\_\_

Who will pick it up? \_\_\_\_\_

What time/date to pick up? \_\_\_\_\_

**C DINNER ( )**

Hot ( ) Sandwiches ( )

Food choices: \_\_\_\_\_

Who will provide the food? \_\_\_\_\_

When will the order be placed? \_\_\_\_\_

Who will pick it up? \_\_\_\_\_

What time/date to pick up? \_\_\_\_\_

**D SNACK/DESERTS ( )**

Food choices: \_\_\_\_\_

Who will provide the food? \_\_\_\_\_

When will the order be placed? \_\_\_\_\_

Who will pick it up? \_\_\_\_\_

What time/date to pick up? \_\_\_\_\_

**4. Required Supplies:**

Disposable ( ) Non-Disposable ( )

Fork ( ) Knives ( ) Spoons ( ) Serving Utensils ( )

Bowls ( ) Plates ( ) Glasses ( ) Coffee Cups ( )

Other (ie condiments, salt/pepper etc): \_\_\_\_\_

**5. Total proposed budget for food? \_\_\_\_\_**

## **AUDIO/VISUAL**

**1. Do you need a Sound Technician or A/V Personnel? Yes ( ) No ( )**

Are Mics Required? Yes ( ) No ( ) If so, how many? \_\_\_\_\_

What time do you want the A/V Team to arrive? \_\_\_\_\_

Will there be speeches? Yes ( ) No ( )

Will we have any special audiovisual requirements? (ie Soundboard, Videos, PowerPoint etc) Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

**2. Do you need Music? Live or Pre-Recorded?**

If File: Are you providing the USB or a Link? Yes ( ) No ( )

Track Name(s)/Number(s)? \_\_\_\_\_

Any additional Info? \_\_\_\_\_

**3. Are you requesting the CFOC Worship Team or outside Artists ?**

**CFOC ( ) Outside ( ) Both ( ) If CFOC:**

Musicians ( ) Singers ( )

Song Name(s) & Artist (s): \_\_\_\_\_

How many singers are requested? \_\_\_\_\_

Which Instruments are requested? \_\_\_\_\_

Do You have Musician Charts? Yes ( ) No ( )

**4. Are you requesting the CFOC Dance Ministry? Yes ( ) No ( )**

If Link or File: Are you providing the USB/Link? Yes ( ) No ( )

Track Name(s)/Number(s)? \_\_\_\_\_

Any additional Info (i.e. YouTube, etc.)? \_\_\_\_\_

**5. Does the event need to be recorded (budget)? Yes ( ) No ( )**

Video ( ) Audio ( ) Photo ( ) LiveStream ( )

**6. Are professional photographs, videos or a live event webcast required?**

**Yes ( ) No ( )**

If so, who will be taking photographs, videos or event webcast?

**7. How will the room be lit?**

Regular ( ) Strobe ( ) Spotlight ( ) Other: \_\_\_\_\_

**9. How will the stage be lit?**

Regular ( ) Strobe ( ) Spotlight ( ) Other: \_\_\_\_\_

**10. Proposed budget for audiovisual: \_\_\_\_\_**