

Westbury Baptist Church
CALENDAR REQUESTS 2010

General Information Date Submitted _____ Form Prepared by _____ Staff Member Responsible _____ Cleared on Church Calendar by _____ # _____	Post on Calendar Website: <input type="checkbox"/> Yes <input type="checkbox"/> No Event _____ Person in Charge _____ Home Phone _____ Business Phone _____
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Date or Daily Request (ONE or MORE successive dates) <input type="checkbox"/> Set date(s), location(s), time(s) <input type="checkbox"/> Cancel date(s), location(s), time(s) <input type="checkbox"/> Change date(s), location(s), time(s) Original Date: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Day</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Event Begins</th> <th style="text-align: left;">Event Ends</th> </tr> </thead> <tbody> <tr><td>Sun.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Mon.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Tue.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Wed.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Thur.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Fri.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Sat.</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> Complete set-up by: _____ (am/pm) No. attending _____ Meeting description _____ _____ _____ Rooms _____ _____ _____	Day	Date	Event Begins	Event Ends	Sun.	_____	_____	_____	Mon.	_____	_____	_____	Tue.	_____	_____	_____	Wed.	_____	_____	_____	Thur.	_____	_____	_____	Fri.	_____	_____	_____	Sat.	_____	_____	_____	Weekly or Monthly Request (THREE OR MORE dates, same day of week, same beginning and ending times, same description, same room) <input type="checkbox"/> Set dates <input type="checkbox"/> Cancel dates <input type="checkbox"/> Change Day of Week _____ Room # _____ Dates: Month/Day/Year Month/Day/Year Month/Day/Year _____ _____ _____ _____ _____ No. attending _____ Meeting description _____ Event begins (am/pm) _____ Event ends (am/pm) _____ Complete set-up by: _____
Day	Date	Event Begins	Event Ends																														
Sun.	_____	_____	_____																														
Mon.	_____	_____	_____																														
Tue.	_____	_____	_____																														
Wed.	_____	_____	_____																														
Thur.	_____	_____	_____																														
Fri.	_____	_____	_____																														
Sat.	_____	_____	_____																														

Wedding * Copy to Music Minister Bride/Groom _____ _____ Wedding _____ Time _____ Room _____ Rehearsal _____ Time _____ Room _____ Reception _____ Time _____ Room _____ Pictures _____ Time _____ Room _____	Audio/Visual *Copy to Music Minister Microphone(s), how many? _____ Other equipment (overhead projector, screen, TV/VCR, etc.) _____ _____ _____ Comments _____ _____ _____
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Childcare * Copy to Preschool/Children's Minister <input type="checkbox"/> Birth-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> 1st-5th grades There must be a minimum of five children. Names and ages of children must be submitted to the Church Office by NOON two (2) days prior to the event. Childcare is not available on Saturdays except with Children's Minister's approval.	Vehicle *Copy to Business Administrator <input type="checkbox"/> Van <input type="checkbox"/> Bus Destination _____ _____ Person Driving _____
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Recreation Equipment *Copy to Recreation Minister Equipment Needed _____ _____ Comments _____ _____

Additional Comments _____ _____ _____
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Room Set-up

Please draw a diagram of how you would like the room to be set-up. Be as detailed as possible.

List additional equipment (speaker stands, blackboard, erasers, chalk or markers, etc.)

Comments

Supplies Acct. No. _____

Food Service *Copy to Church Hostess

Type of service (refreshments, snacks, dinner, etc.)

Price per plate _____

How is this service to be billed? (Personal or Acct#)

Suggested Menu and Special Instructions

Please confirm number attending 24 hours before event.

No.

- _____ Coffee Cups
- _____ Tea Cups (12 oz.)
- _____ Plates
- _____ Napkins
- Color _____
- _____ Table Cloth (Round)
- Color _____
- _____ Table Cloth (Long)
- Color _____
- _____ Knives
- _____ Forks
- _____ Spoons

No.

- _____ Coffee Regular
- _____ Coffee Decaf
- _____ Tea
- _____ Ice
- _____ Water
- _____ Sugar
- _____ Sweet/Lo
- _____ Creamer
- _____ Other

