



Calendar Event and Facility Request Form

Shiloh Christian Ministries | 1519 Avenida Del Sol | Sierra Vista, AZ 85635 | (520) 459-2828

Return this form to the Shiloh Ministry Office at least **one week prior to the date requested**. Please see the Policy & Procedures Manual or contact the Ministry Office for more information. **If a children/youth event, please provide Ministry Office with copies of Permission Slips.*

THIS BLOCK IS FOR OFFICE USE ONLY

☐ **Google Calendar**

EVENT DAY(S) OF WEEK: _____ **EVENT DATE(S):** _____

CONTACT INFORMATION

Today's Date: _____ Contact Person*: _____

Contact Telephone: _____ Email: _____

Ministry Representing: _____

***The contact person is that person with whom the SCM staff will work during the event**

EVENT TITLE: _____ **Type of Event:** _____

Contact Phone Number during event (if different from contact information above): _____

PLEASE CHECK ONE:

LOCATION: SHILOH: (1519 Avenida del Sol) _____ OFF CAMPUS: _____

If "Off Campus," please specify the location: _____

OFF CAMPUS events require a form for calendar approval and to comply with insurance policy requirements.

Please note the following:

- A. No food or drink (exception of water) is permitted in the sanctuary without special approval.
- B. This request is not confirmed until the Calendar Event and Facilities Request Form is approved and signed. A copy of your request will be placed in the appropriate Shiloh Mail box after review. The ministry office will contact you, via email, regarding the status of your request.
- C. All requests are subject to the Shiloh Christian Ministries Policies and Procedures. Please check the Ministry Office for a copy.
- D. ALL REQUESTS ARE SUBJECT TO CHANGE. (PLEASE HAVE APPROVAL OF YOUR REQUEST PRIOR TO SCHEDULING PLANS.)

ROOM REQUEST

Circle ALL that apply

Sanctuary Cry Room Prayer Room Hospitality Room Multi-Purpose Suite 20A, 20B, 20C Ministry Office Nursery

Classroom 10, 11, 12, 18, 21 Other _____

What time do you need the doors opened? _____ What time do you need the doors closed? _____

ON CAMPUS EQUIPMENT & TABLE REQUEST

For OFF CAMPUS equipment requests, please fill out a *Table and Equipment Request Form*

***Please turn in any MediaShout announcement files and/or videos at least 2 weeks before the event.**

Failure to do so could result in denial of your request.

Sound for: Sanctuary/Suite # Microphones _____ Media: Computer Media: Play Video Media: Record Video Special Lighting

TV/DVD _____ # Tables _____ # Tablecloths _____ # Chairs _____

Dry Erase Board/Markers Easel (Tabletop or Floor)

Other: _____

***Please complete form on back regarding event details.**

EVENT INFORMATION

Event Date(s): _____

This Request is for (please circle): One-Time Use Weekly Use Monthly Use Twice a month (specify) _____

Reserve Time: (The time you need access to the facility including set up and break down)

Start Time: _____ AM/PM

End Time: _____ AM/PM

Event Time: (The time of the event)

Start Time: _____ AM/PM

End Time: _____ AM/PM

Please use space provided below to describe event:

Will food be served at this event? Y N *****If yes, please fill out a Food Details form. *****

Will you need the Safety Response Team? (for any event where doors remain unlocked) Y N Will you need Worship ? Y N

Will you need childcare/nursery (up to age 3)? Y N Will you need ushers available? Y N Will you need Welcome Center? Y N

Estimated Attendance: Adults: _____ Children/Youth: _____

I, the undersigned, do here-by request to schedule an event and/or the use of Shiloh Facilities as requested above. I will ensure that the area (s) that I use will be left in the same condition as when I arrived. In accordance with church policy I will depart on schedule.

Submitted by Signature

Ministry Head Signature

FOR OFFICE USE

Dates Available (Administrative Assistant) Y N

Emailed/Called Contact (Name) Date

Sound/Lighting Y N

Emailed/Called Contact (Name) Date

Media Tech Staff Available Y N

Emailed/Called (Name) Date

Nursery Staff Available Y N

Emailed/Called (Name) Date

Ushers/Welcome Center Available Y N

Emailed/Called (Name) Date

SRT Available Y N

Emailed/Called (Name) Date

Worship Arts Available Y N

Emailed/Called (Name) Date

Service Coordinator: _____

Emailed (Susie, Jack, Evy, Kayla): _____

REQUEST STATUS

SCHEDULED/SCHEDULED WITH CHANGES UNABLE TO SCHEDULE EVENT BOARD APPROVED _____ OFFERING BOARD APPROVED _____

ADMINISTRATIVE DIRECTOR SIGNATURE

DATE