



Calendar Event and Facility Request Form

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

Please return this form to the Shiloh Ministry Office at least 1 month prior the date requested.

Please see our Policy & Procedures manual or contact our office for more info.

* If a children/youth event, please provide office with copies of permission slips.

Today's Date: _____

Event Title: _____

Event Location: (Please check one) Shiloh Campus Off Campus

If "off campus" please specify location: _____

(Off campus events require calendar approval and must comply with Shiloh's insurance policy requirements.)

Contact Information

(The contact below is whom the SCM staff will work with before and during the event)

Event contact name: _____

Contact phone#: _____

Contact email: _____

Ministry Represented: _____

*Please note the following:

A. 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.

B. All requests are subject to the Shiloh Christian Ministries Policies and Procedures. Please check the Ministry Office for a copy.

C. All requests are subject to change.

D. Please have approval of your request prior to scheduling plans.

Event date(s) _____

Reserve time: (The time you need access to the facility for set up and tear down)

Start time: _____ am/pm

End time: _____ am/pm

Event time: (Duration of event)

Start time: _____ am/pm

End time: _____ am/pm

Frequency of event: (Please check one)

One time use

Weekly Use

Monthly Use

Twice a month

Teams Requested

(Please check the teams requested for this event)

Service Coordinator

Production

Worship

Safety Response Team (SRT)

Ushers

Nursery

Children's Ministry

Welcome Center

Registration

Greeters

Photography

Live Stream

Coffee Ministry

Green Room Hostess

Alive

Altar Workers

Please check Production needs

Sound

Media

View Switcher

Camera

Lights

Rooms Requested
(Please check 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_____	

Will Food/Refreshment be served at this event: Yes No
If yes, Please describe what food and refreshments you are looking to serve at this event:
Note – We do not have facilities to cook food – All food must be removed at the end of the event.

Are Lobby Sign Up Tables requested for this event: Yes No

If yes, please indicate the dates you request a table in the lobby:

Please indicate who on your team is willing to man this event lobby table:

Are a change bag and square requested: Yes No
Will merchandise/registration fee be sold at this lobby table: Yes No

If yes, please describe the merchandise items / registration fee with the \$ amount

*Training is required to man a lobby table that also includes a change bag and square. If there is anyone on your team that has does not know how to work a square, they must come to the office for a small training by our office staff prior to the date of the table requested

Is a sign-up sheet requested: Yes No

If yes, please indicate what is needed on your sign-up sheet:
(ex- Name, address, phone #, registration pd)

Is an announcement requested for this event: Yes No

If yes, an announcement slide will be created with the event title, date, and time by our staff. Depending on the event, it may be announced from the pulpit or only announced through the lobby screens and Facebook. The final decision is up to the pastoral staff.

Will this event have a guest speaker: Yes No

Guest Speakers Name: _____

If an honorarium is requested for this guest speaker, please indicate that on the budget request form.

I, the undersigned, do hereby 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
(If different)

FOR OFFICE USE ONLY
REQUEST STATUS

SCHEDULED

SCHEDULED WITH CHANGES

UNABLE TO SCHEDULE

Administrative Director Signature

Date