

(EBC Ministry Use Only)

EBENEZER BAPTIST CHURCH MINISTRY ACTIVITY REQUEST FORM

Please turn in this form at least 90 days before your activity / event, to ensure that there is sufficient time to properly plan, advertise and/or purchase the necessary supplies for your activity.

TODAY'S DATE _____

NAME OF THIS ACTIVITY / EVENT _____

DATE AND TIME OF ACTIVITY / EVENT _____

SPONSORING MINISTRY _____ **NUMBER OF PARTICIPANTS** _____

CONTACT PERSON(S) _____ DAYTIME PHONE NUMBER(S) _____

GUEST SPEAKER / GROUP(S) _____

REQUESTED ROOMS/VEHICLE (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Nursery (Limited use)-206 | <input type="checkbox"/> Sunday School/Multi-Purpose Room-304 |
| <input type="checkbox"/> Gym Area | <input type="checkbox"/> Toddler Room-207 | <input type="checkbox"/> Associate Ministers Room-306 |
| <input type="checkbox"/> Kitchen (Heating/Cooking) | <input type="checkbox"/> Executive Conf. Lounge-213 | <input type="checkbox"/> Academy/Multi-Purpose Room-312 |
| <input type="checkbox"/> Teen Room-108 | <input type="checkbox"/> Executive Conf. Room-214 | <input type="checkbox"/> Academy/ Multi-Purpose Room-313 |
| <input type="checkbox"/> Multi-Purpose Room-117 | <input type="checkbox"/> Media Support Room-212 | |

KITCHEN SUPPLIES NEEDED (Please indicate quantity of each checked)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Knives _____ | <input type="checkbox"/> Forks _____ | <input type="checkbox"/> Spoons _____ | <input type="checkbox"/> Napkins _____ |
| <input type="checkbox"/> Dinner Plates _____ | <input type="checkbox"/> Bowls _____ | <input type="checkbox"/> Glasses _____ | <input type="checkbox"/> Cold Cups _____ |
| <input type="checkbox"/> Table Cloths _____ | <input type="checkbox"/> Coffee Cups _____ | <input type="checkbox"/> China _____ | <input type="checkbox"/> Dessert Plates _____ |
| <input type="checkbox"/> Coffee Pot _____ | <input type="checkbox"/> Utensils _____ | <input type="checkbox"/> Refrigeration Use _____ | <input type="checkbox"/> Freezer Use _____ |

Specialty items needed _____

ASSISTANCE NEEDED (If Correspondence is not attached your event will not be advertised)

- Advertise in Church Bulletin (**ATTACH DRAFT COPY OF ANNOUNCEMENT**)
 - Advertise to other Churches (**ATTACH LETTER / FLYERS FOR PASTOR'S APPROVAL**)
 - Advertise in the Media (**ATTACH DRAFT COPY OF ANNOUNCEMENT**)
 - Copy programs or flyers – (black & white only) # of copies ____ (**ATTACH COPY OF PROGRAM / FLYER**)
- Please list Ministry contact information on flyer, not Church Administration**
- Financial Voucher
 - Floor Plan (**must be attached**)

Remarks / Comments _____

Signature required for acknowledgement of the following: _____

- In the event of conflict with other events your event may be rescheduled.
- Your Ministry is responsible for cleaning the room(s) used and returned to proper setup.
- All equipment and supplies must be returned to proper storage areas as you found them.
- Permission must be granted from the Facility Manager and Admin Staff for putting up banners and poster (Inside & Outside)
- All supporting materials must be removed to include: banners, posters and all tapped items.