

First United Methodist Church of Allen Non Ministry Scheduling Worksheet

GENERAL INFORMATION

Event Name:		Ministry Area Sponsor:	
Event Coordinator		Assigned Staff Liaison	
Name:		Name:	
Email:		Approval Signature:	
Phone:		Date this Worksheet Submitted:	
Proposed Date of Event:		90 Day Lead Time	
Proposed Start Time of Event:		Proposed Setup to Begin:	
Proposed End Time of Event:		Proposed Cleanup Needed:	
Proposed Space/Rooms:			
Recurring Event: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:		
Any Sub-Events: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:		
In the space below, provide a brief explanation of event:			

ADDITIONAL NEEDS

What support services are needed from FUMC Allen to produce this event? Not all services listed are available for all events. Some services may incur fees.				
<input type="checkbox"/>	Building Access (Key Card/Fob Assigned)	<input type="checkbox"/>	Media Technician (Only in Gym or Sanctuary) Fees Charged	
<input type="checkbox"/>	Laptop Computer and Projector	<input type="checkbox"/>	Sound Technician (Only in Gym or Sanctuary) Fees Charged	
Setup:	<input type="checkbox"/>	Tables/Chairs (Diagram Provided Below) Fees Charged	<input type="checkbox"/>	Stage (Gym Only) Fees Charged