

Sylvania United Church of Christ Event Coordination Form

Name of Event: _____

Organizer: _____ **Phone:** _____

Event Date: _____ **Time Start:** _____ **Time End:** _____

Event RSVP Date Required: ☐ Yes ☐ No **Date:** _____

Rooms: ☐ Chapel ☐ Children's Room ☐ Conference Room ☐ Elves Den

☐ Fellowship Room ☐ Gathering Area ☐ Sanctuary ☐ Wright Hall

☐ Blue Room (GLCAP) ☐ Other: _____

Zoom: Zoom Only: ☐ Yes ☐ No Zoom/Chapel Hybrid ☐ Yes ☐ No
(contact office for Zoom Link)

Account to be used for expenses: _____

A/C or Heat: Time Turn On _____ Time Turn Off _____

A/V Needs Description: _____

Flowers: ☐ Yes ☐ No Order from Hafner: ☐ Yes ☐ No

Description of flower arrangement/placement: _____

Food: Host Group Provided ☐ Yes ☐ No Caterer: ☐ Yes ☐ No

Food Provided by Fellowship ☐ Yes ☐ No

(Kitchen available at 3 pm when
Head Start is in session)

Food Need Description for Fellowship Committee:

Please return completed form to Church Office ASAP.

Date received in office: _____

Sylvania United Church of Christ Event Coordination Form

Handouts: ☐ Yes ☐ No (*Contact office for assistance*)

Marketing Graphic: ☐ Yes ☐ No (*contact office for assistance, jpeg required*)

Pastoral Needs: _____

Security Required: (*at least 2 week notice required – cash payment required at time of service*)

☐ Yes ☐ No Hours security officer to be on campus: _____

Description of officer's duties: _____

Signs: ☐ Yes ☐ No (*contact office for assistance*)

Sign-Up Form Required: ☐ Yes ☐ No (*contact office for assistance*)

Volunteers Needed: ☐ Yes ☐ No (*organizer to coordinate*)

Room Set-Up Description and/or Diagram (We have 8 round tables to seat 72-80):
Call Bruce Glover with questions or special needs: 567-377-1611

Please return completed form to Church Office ASAP.

Date received in office: _____