

COMPLETE AND SUBMIT TO THE CALENDAR COORDINATOR:
MELANIE SHEFFIELD at msheffield@trinitywoodlands.org

Date submitted: _____

REQUEST TO SCHEDULE FUNCTION AT TRINITY EPISCOPAL CHURCH

Brief Description of Function: _____

Group Sponsoring Function: _____

Contact Person: _____ Phone: _____

Person(s) Coordinating Function: **Name, Phone and Email are required in order to complete reservation.**

Name: _____

Phone: _____

Email: _____

If this is a **"One Time"** Event: Date of Function: _____ Day of Week: _____

Set up Time: _____ Starting Time: _____ Time of Completion: _____

If this is a Fundraiser, has it been approved by the Vestry: Yes _____ No _____

Note: All fundraisers of any variety must be approved by the vestry prior to the event

If this event entails inviting a speaker from outside the parish,
have you gotten approval from the rector to invite him or her? Yes _____ No _____

If this is a **"Recurring"** Event: Is it Weekly: _____ Monthly: _____ or Other: _____

What day(s) of the week or the month: _____

Start up Date: _____ Completion Date: _____

Set up Time: _____ Starting Time: _____ Time of Completion: _____

Dates Not Meeting Due to Holidays, Conflicts, etc.: _____

Room(s) Needed: _____

Number of Tables and Chairs Needed: _____

Special Equipment Needed:
Television/VCR: _____ Sound Equipment: _____

***There might be an extra charge when you use our Sound System and/or Personnel**

Musical Instruments: _____ Other: _____

Number of Expected Participants: Adults: _____ Youth (11-18): _____ Children (4-10): _____

Is Child Care Needed: Yes: _____ No: _____

No. of Children: 0 - 12 mos.: _____ 2yrs. - 3yrs.: _____ 4yrs. - 6yrs.: _____ 7yrs. - 10yrs.: _____

NOTE: If child care is needed, a Childcare Reservation Form listing names of parents, and the names and age of children must accompany this form at least 7 days before the event.

Advertising Your Event:

Weekly Tidings: _____ Social Media: _____ Flyer: _____

Do you plan to put up an exterior sign / banner: Yes _____ No _____

Note: Fliers, Exterior Signs & Banners must be approved by the Communications Committee, please contact Sara Tate.

Person Responsible for Set Up: Name: _____ Phone: _____

Person Responsible for Take Down & Clean Up: Name: _____ Phone: _____

If after church hours: Person who will open and lock up:

Name: _____ Phone: _____

Description of Food Being Served (if any): _____

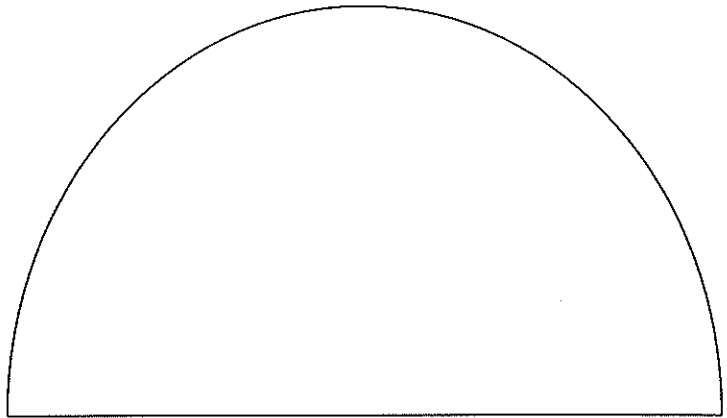
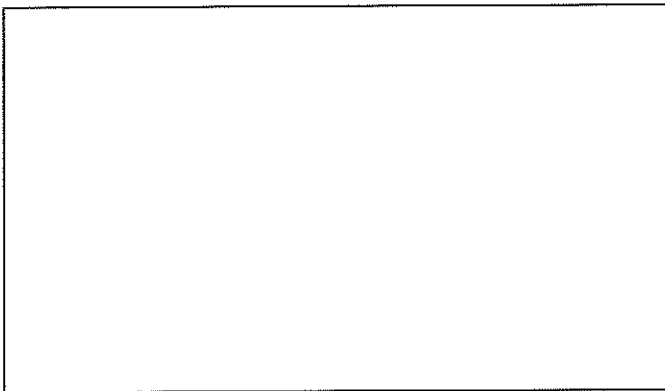
If Food Being Prepared on the Premises? Yes: _____ No: _____

Person Responsible for Kitchen Clean Up: Name: _____

Phone: _____

NOTE: Before date of function person coordinating function should review Trinity's "Guidelines for Use of Facility"
(a copy of which may be obtained from the church office) **THANK YOU!!!**

Please sketch or write in below the set-up needed for the room(s) requested. Show door locations.

**Coordinate all changes for your function or special event through Melanie Sheffield, Administrative Assistant to the Rector.****Note: A minimum of 72 hours notice must be given for any changes in the set-up, otherwise Trinity might not be able to accomplish those changes**

FOR OFFICE USE ONLY!!!

Key Issued: _____ Date _____ Key Returned _____

Non Profit: Yes _____ No _____ Fee: _____

Notes: _____