

Event/Resource Scheduling Request

All dates must receive final approval from the Church Office before being placed on the Church Calendar. Also, please be aware that some services may need advanced notice and incur costs.



WINTER PARK

1021 N. New York Avenue • Winter Park, FL 32789
(407) 644-3061 office • (407) 644-1078 fax • www.fbcwinterpark.org

Type of Request: New Revised Cancellation

Event _____ Organization _____

Contact Person _____ Phone _____ Today's Date _____

Submitted By _____ Phone _____ Budget Account _____

Date & Time

Event Date(s) _____ Setup Date _____

From _____ AM PM To _____ AM PM From _____ AM PM To _____ AM PM

Recurring: Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Monthly

Location

Please identify location of offsite events in Comments section below.

Activities Room Conference Room DSA Fellowship Hall Gym Multi-Purpose Room Sanctuary Offsite

Room Number(s) _____ Other _____

Equipment Needs

Please specify quantity.

Chair(s) _____ Tables: 8' _____ 6' _____ Round _____ Other _____

TV VCR DVD Overhead Screen _____ Equipment Return Date _____

Vehicle Request

All drivers must have a valid CDL Class C or higher license with Passenger Endorsement and proof of current auto insurance on file in the Church Office prior to driving.

Bus _____ Arrangements to obtain keys must be made in advance during regular office hours. Each driver is required to return the vehicle on the date and time specified. The inside of the vehicle should be clean and all trash removed. Any mechanical problems should be reported when the key is returned to the Church Office.

Destination _____

Driver(s) _____

_____ Vehicle Return Date _____

_____ Vehicle Return Time _____ AM PM

Child Care

Indicate approximate number of children in attendance. Please allow at least 48 hours notice.

Under 12 Months _____ 4 Years - K _____

1, 2, & 3 Year Olds _____ Grades 1-6 _____

Other _____

Hostess Committee

Decorations Equipment Linens

Other _____

Technical Services

Please describe specific needs in Comments section below.

Sound System Multi-Media Lighting

Technicians (required in Sanctuary)

Other _____

Food Services

Complete form on back.

Comments

Additional Information / Room Set-up Diagram

Approval

For Office Use Only

Yes No Administrative Staff Member _____ Date _____

Copy To: Requestor Facilities Food Services Hostess Childcare Technical Services Other _____

Fee \$ _____

Food Services Request

This two-sided form must be received by Food Services by noon, 10 days before the event. Please note that any use of the kitchen equipment requires a Church Food Services Employee. If you have any questions, please contact Margie Duval, Food Services Director, at (407) 644-3061, ext. 501.



First Baptist Church
 WINTER PARK
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Event _____
 Contact Person _____ Phone _____
 Number of People Expected: Adults _____ Children _____

Organization _____
 Event Date _____ Serving Time _____ AM PM
 Ministry Account Number _____

Meal Service

Buffet (Self-Serve) Buffet with Meat Server Banquet Servers (Please supply your own servers.)

Beverages

Includes sugars, creamers, etc.

Regular Coffee Ice Tea Water Other _____
 Decaf Coffee Pink Lemonade Bottled Water Ice Only (Please provide your own cooler.)

Paper Products

Please specify quantity. All paper products are in white unless noted. For more formal events china, linens, etc. are available for your use, see Banquet Event Form.

Plates _____ 6" Small Foam Plate
 _____ 9" Large Foam Plate
 _____ 9" Foam Plate (3 Compartments)
 _____ Foam Plate (5 Compartments, Beige)

Cups _____ 5 oz. Juice Cup
 _____ 8 oz. Small Foam Cup
 _____ 12 oz. Large Foam Cup

Bowls _____ 4 oz. Small Foam Bowl
 _____ 10 oz. Large Foam Bowl

Utensils _____ Plastic Forks
 _____ Plastic Knives
 _____ Plastic Spoons

Napkins _____ Small Reception Napkins
 _____ Luncheon Napkins
 _____ Dinner Napkins

Table Covers _____ Plastic Roll (300 ft.)
 _____ Plastic Individual Round

Food Menu

Please call Margie to set-up your food menu at least two weeks before date of event.

Desired Cost of Menu per Person \$ _____

Comments

Received

For Office Use Only

Received by Food Service Staff Member _____ Date _____

Order Change

Revised Canceled Changed By _____ Date _____