



EPIC CHURCH

Event/Meeting Request Form

Name of Ministry: _____ Submit Date: _____

Event/Meeting Title: _____

Description of Event for Advertising purposes (approximately 3 sentences): _____

**Have You Checked the Church Calendar to ensure the above dates and times are available? YES NO
 If not, please do so before submitting request.*

Event/Meeting Date	Start Time	End Time
1 st Choice:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
2 nd Choice:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
3 rd Choice:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Event/Meeting Location: Epic Church or Alternate Location: _____

Event/Meeting Coordinator: _____ Phone: _____

Email: _____ Requested Budget: \$ _____

GENERAL: Please check yes or no

Break Down	<input type="checkbox"/> YES <input type="checkbox"/> NO
Building Readiness	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child Care	<input type="checkbox"/> YES <input type="checkbox"/> NO
Creative Elements	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epic Café	<input type="checkbox"/> YES <input type="checkbox"/> NO
Food	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lock Up	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parking Lot	<input type="checkbox"/> YES <input type="checkbox"/> NO
Promotion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Security	<input type="checkbox"/> YES <input type="checkbox"/> NO
Set Up	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tech	<input type="checkbox"/> YES <input type="checkbox"/> NO
Worship Team	<input type="checkbox"/> YES <input type="checkbox"/> NO

ROOM(S) NEEDED FOR EVENT/MEETING:

ROOM(S)	DATE	TIME

REOCCURING EVENT/MEETING (IF NEEDED):

LOCATION	DATE	TIME