

First United Methodist Church of Arroyo Grande  
275 N. Halcyon, Arroyo Grande, CA 93420  
481-2692, FAX 481-2693, fumcag@sbcglobal.net

# Event Notification/Request Form

This form is used to notify the church at large (through the office) that your committee, board, or group is planning to do a special event or activity of some kind. It is also used to request resources BEYOND THOSE HANDLED BY YOUR OWN COMMITTEE. If your group is going to provide its own ushers, for instance, do not request ushers via this form. Please submit this form as early as possible in your planning. Some requests may require several weeks to accommodate. Return completed forms to the church office.

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Times: Setup: \_\_\_\_\_ Begins: \_\_\_\_\_ Ends: \_\_\_\_\_ Cleanup done: \_\_\_\_\_

Location(s)/Room(s): \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_

Sponsoring Group: \_\_\_\_\_ Contact Name/Phone: \_\_\_\_\_

Registration required: Y / N If yes, deadline date: \_\_\_\_\_

If yes, to whom does registration info go: \_\_\_\_\_, phone: \_\_\_\_\_

Is the entire church family invited? Y / N Is the public being invited/notified? Y / N Estimated attendance: \_\_\_\_\_

Finances: Income will go to what budget line item(s): \_\_\_\_\_ Cost per participant: \$ \_\_\_\_\_ Estimated total: \_\_\_\_\_

Expenses will go to what budget line item(s): \_\_\_\_\_ Estimated total(s): \_\_\_\_\_

## REQUESTS:

Childcare: Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_ Estimated # of children: \_\_\_\_\_

Ushers: Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_ Rehearsal date/time: \_\_\_\_\_

Sound Technician: Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_ Rehearsal date/time: \_\_\_\_\_

Special equipment/help (describe): \_\_\_\_\_  
\_\_\_\_\_

Check here \_\_\_\_\_ if additional requests or information are on the back of this sheet.

*If publicity assistance is requested, complete the Communication Committee's Publicity Form (available in the church office) and submit that form directly to that committee.*

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Office use only:

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Master Calendar OK? Y / N Approved by: \_\_\_\_\_

Date Distributed to Relevant Areas: \_\_\_\_\_ Initials: \_\_\_\_\_

Last revised: June 19, 2009 (JF)