



ANTELOPE VALLEY CHRISTIAN CENTER

EVENT PLANNING AND FACILITY USE REQUEST PACKET

Please complete this packet in full. It is important that the completed packet be signed by the appropriate VSM Team Leader and submitted to the Church Office **four to six weeks before** the scheduled event.

This is an event planning and facility use request packet only. Although AVCC will make every effort to fulfill your request, please know that **submission of this packet does not guarantee the applicant will receive all of the services and accommodations requested herein**. You will be contacted within 10 business days regarding confirmation of your request and/or facility availability.

***IMPORTANT NOTE:** Events must be canceled in writing **no less than two weeks before** the event.

APPLICANT INFORMATION

Auxiliary Name: _____ Date: _____

VSM Team Leader/Applicant: _____

Applicant Address: _____ Home Ph: () - _____
 _____ Work Ph: () - _____

Email: _____ Fax: () - _____

EVENT PLANNING

Frequency: One Time
 Recurrent (How often: _____)

Date(s): _____ Time(s): _____

Event Name/Description: _____

Speaker(s)/Guest(s): _____

Set-up Date: _____ Set-up Time: _____

Tear-down Date: _____ Tear-down Time: _____

Will childcare be available? Yes No

Estimated Attendance: _____

Will overflow parking be needed? Yes No
If yes, please ensure parked cars do not block parking lot entryways, community residence driveways, and fire lanes.

COST/FEEES: *Please break down the costs/fees (i.e., registration, transportation, green fees, entrance, food, etc.) and then total.*

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL COST \$ _____

REQUESTED FACILITY

- Main Sanctuary
- Upstairs Multi-Purpose Rm
- Downstairs Multi-Purpose Rm
- West Annex Conf Room
- Lorentsen Youth Activity Ctr
- Children's Church Classrooms
- Gospel Grill Cafe
- Other: _____

CATERING/FOOD SERVICE

Will food be served at this event? Yes No

Will you be using AVCC Kitchen Facilities? Yes No

If YES, please specify: Gospel Grill Kitchen Lorentsen YAC Kitchen West Annex Kitchen

Food to be provided by: Self-Catered AVCC Chef** Other Caterer

If you selected 'OTHER CATERER', then please provide that caterer's information below:

Caterer Name: _____ Phone: (____) _____ - _____

Address: _____

****IMPORTANT NOTE:** If you selected the 'AVCC Chef', someone from the Church Office will have the AVCC Chef contact you. All catering fees are to be handled between you and the AVCC Chef unless prior arrangements have been approved through the Church Office. **Arrangements for food shopping, pick-up and delivery must be coordinated in advance between you and AVCC Chef.**

EVENT ADVERTISEMENT/GRAPHICS

Will this event need to be advertised? Yes No

If YES, what methods of advertisement are needed to promote the event?

- | | | |
|---|---|---|
| <input type="checkbox"/> Video Announcement | <input type="checkbox"/> Bulletin Announcement (website) | <input type="checkbox"/> External Church Marquee |
| <input type="checkbox"/> Flyers (5 1/2" x 8 1/2") | <input type="checkbox"/> Postcard Mailers (5 1/2" x 8 1/2") | <input type="checkbox"/> Service Programs (5 1/2" x 8 1/2") |
| <input type="checkbox"/> Magazine Ad (1/4 page) | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Sign-up Sheet |
| <input type="checkbox"/> Letters | <input type="checkbox"/> Banner (3' x 5') | <input type="checkbox"/> Other: _____ |

Will artwork be: Full Color Spot Color Black & White

List all required wording to appear in the advertisement. (NOTE: Your wording may be edited to better accommodate the finished product.)

Final Advertisement Media should be: Printed Electronic File

Date needed by: _____ Quantity needed: _____

VOLUNTEER SUPPORTIVE MINISTRY (VSM) SUPPORT

Will you require assistance from other VSM Team Leaders to support your event? Yes No

If yes, mark off all that apply:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Band | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Outreach & Witnessing | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Children's Church | <input type="checkbox"/> Hostesses | <input type="checkbox"/> Praise Team | <input type="checkbox"/> Word Shoppe |
| <input type="checkbox"/> Choir | <input type="checkbox"/> MAU | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Y.A. Praise Team |
| <input type="checkbox"/> Gospel Grill | <input type="checkbox"/> Missions | <input type="checkbox"/> Special Events | |

MEDIA SUPPORT

Will any of the following will minister in music at the event.

If YES, please mark off all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Band | <input type="checkbox"/> Drama/Performance Ministry | <input type="checkbox"/> Young Adults Praise Team |
| <input type="checkbox"/> Children's Choir | <input type="checkbox"/> Music Tracks | <input type="checkbox"/> Youth Praise Team |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Praise Team | <input type="checkbox"/> Dance of Praise Ministry |
| <input type="checkbox"/> Soloist/Vocalist | | |

AUDIO SUPPORT

- Microphones: Yes (Qty: _____) No
- Sound System: Yes No
- DVD: Yes No
- CD: Yes No
- Other: _____

VIDEO SUPPORT

- Video Recording: Yes No
- TV Sets: Yes (Qty: _____) No
- Projector: Yes No
- Overhead Slides: Yes No
- Other: _____

MINISTERIAL SUPPORT

Do you require a Pastor or Minister to be present for this event? Yes No

If yes, please list the name(s) of the Pastor(s) and/or Minister(s) requested:

TRANSPORTATION SUPPORT

Type of Vehicle(s) requested: School Bus Charter Bus Van (15 Passenger) Van (19 Passenger)

Departure Date: _____

Departure Time: _____

Return Time: _____

Return Location: _____

Destination: _____

Directions Attached: Yes No _____

Liability Release Forms needed (minors only): Yes** No

****IMPORTANT NOTE:** If 'YES', then be sure to collect all Liability Release Forms and submit the forms to the Church Office one week prior to the event.

CUSTODIAL SUPPORT

Do you need custodial support? Yes No *IF 'YES', please list quantities for all that apply.*

TABLES

Qty	Available
_____	2' Round Tables
_____	2' Square Tables
_____	4' Rectangular Tables
_____	6' Rectangular Tables
_____	8' Round Tables

CHAIRS

Qty	Available
_____	Cushioned Collapsible Chairs
_____	Cushioned Stackable Chairs
_____	Wooden Chairs
_____	Metal Chairs

MISCELLANEOUS

Qty	Available
_____	Canopies
_____	Electric Cords
_____	Surge Protectors
_____	_____

IMPORTANT NOTE: Indicate your preferred configuration for the tables and chairs on the reverse side of this form.

ANTELOPE VALLEY CHRISTIAN CENTER
FACILITY SET-UP DIAGRAM
 (Indoor Use Only)

CUSTOM STYLE

HOW TO USE THIS FORM

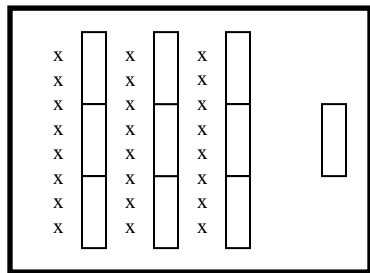
The images below represent standard configurations for setting up tables and chairs. Place a check mark in the box next to the configuration needed, or design your own custom configuration.

The exact number of tables and chairs used in your requested configuration will be based on the size of the facility/space, tables and chairs to be used for the event.

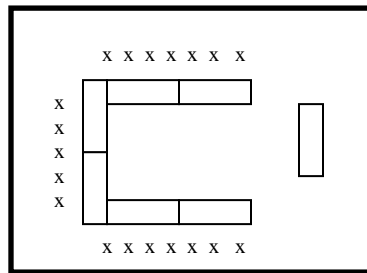
Your requested configuration will be completed by the AVCC Custodial Support Team.

IMPORTANT NOTE: Do not use this form if you did not indicate a need for custodial support on Page 3 of this packet.

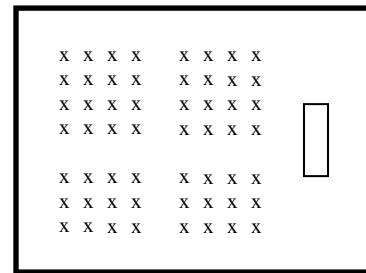
Classroom Style



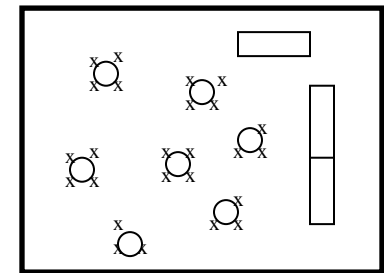
Horseshoe Style



Lecture Style



Banquet Style





**ANTELOPE VALLEY CHRISTIAN CENTER
EVENT PLANNING AND FACILITY USE REQUEST PACKET**

APPROVAL/DISAPPROVAL PROCESSING FORM

As the Volunteer Supportive Ministry Team Leader for this event, I hereby agree to abide by all rules, regulations and codes of conduct set forth by Antelope Valley Christian Center.

Printed Name of VSM Team Leader
(Applicant)

Signature of VSM Team Leader
(Applicant)

Date Signed

-----VSM TEAM LEADERS -- PLEASE DO NOT WRITE BELOW THIS LINE-----

INTERNAL AVCC OFFICE USE ONLY:

Received by: _____

Date Received: _____

	APPROVAL/DISAPPROVAL	COMMENTS/EXPLANATIONS
Facility Use	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Catering/Food Service	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Advertisement/Graphics	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
VSM Support	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Media Support	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Ministerial Support	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Transportation Support	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Custodial Support	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Facility Setup	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____
Material Requisition (MR)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____

DISTRIBUTION:	Name	Date Sent	Name	Date Sent
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

COMMENTS: _____

IMPORTANT NOTE: Attach this sheet to the front of the Packet before distributing.