

ACTIVITY REQUEST FORM

Trinity Assembly

NAME OF ACTIVITY/FUNCTION:

Department:

Date completed:

Activity Date(s):

Day(s) of Week:

Beginning Time:

Ending Time:

Setup Time:

Contact Person:

Contact Phone Number:

Contact E-mail:

LOCATION

Main Building: Sanctuary Choir Room Little Champs North Classroom Other: _____

Admin. Building: Youth Room Kids Church Room Kitchen AD: _____ AD: _____

Annex Building: Upstairs Red Upstairs Green Other: _____ Other: _____ Other: _____

Trinity Place Ranger House Outreach Ctr. Chi Alpha Playground Parking Lot

Other Facilities: _____

Non-Church Location: _____

TRANSPORTATION *(Please call the church office for a list of approved drivers.)*

<u>Vehicle</u>	<u>Driver</u>
<input type="checkbox"/> Dodge Van	_____
<input type="checkbox"/> Chevy Van	_____
<input type="checkbox"/> 25 Passenger Bus	_____
<input type="checkbox"/> 33 Passenger Bus	_____

<u>Vehicle</u>	<u>Driver</u>
<input type="checkbox"/> Ministry Truck	_____
<input type="checkbox"/> Pickup Truck	_____
<input type="checkbox"/> Small Trailer	_____
<input type="checkbox"/> Large Trailer	_____

ROOM EQUIPMENT & SUPPLIES

Equipment Needed

<input type="checkbox"/> TV/VCR/DVD	<input type="checkbox"/> Video Camera—Portable
<input type="checkbox"/> Sound Equipment	<input type="checkbox"/> Sound Technician
<input type="checkbox"/> Projector—Portable	<input type="checkbox"/> Projection Technician
<input type="checkbox"/> Projector—Stationery	
<input type="checkbox"/> Screen	Other: _____

Supplies Needed *(List approximate quantities needed)*

Lg. Plates _____	Spoons _____
Sm. Plates _____	Forks _____
Coffee Cups _____	Knives _____
Cold Cups _____	Tablecover _____
Bowls _____	Coffee _____

ROOM SET-UP

Please diagram requested set-up

Tables: _____

Chairs: _____

