

**COMPLETE AND SUBMIT TO THE CALENDAR COORDINATOR:
MELANIE SHEFFIELD at msheffield@trinitywoodlands.org**

For Office Use Only:

Calendar Coordinator _____
Cleaning Crew _____
Childcare Coordinator _____
Sound Ministry _____
Communication Chair _____

Date submitted: _____

REQUEST TO SCHEDULE FUNCTION AT TRINITY EPISCOPAL CHURCH

Brief Description of Function: _____

Group Sponsoring Function: _____

Contact Person: _____ Phone #: _____

Person(s) Coordinating Function:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

If this is a "Special" Event: Date of Function: _____ Day of Week: _____

Set up Time: _____ Starting Time: _____ Time of Completion: _____

If this is a Fundraiser, has it been approved by the Vestry: Yes _____ No _____

Note: All fundraisers of any variety must be approved by the vestry prior to the event

If this event entails inviting a speaker from outside the parish,
have you gotten approval from the rector to invite him or her? Yes _____ No _____

If this is an "Ongoing" Event: Is it Weekly: _____ Monthly: _____ or Other: _____

What day(s) of the week or the month: _____

Start up Date: _____ Completion Date: _____

Set up Time: _____ Starting Time: _____ Time of Completion: _____

Dates Not Meeting Due to Holidays, Conflicts, etc.: _____

Room(s) Needed: _____

Number of Tables and Chairs Needed: _____

Special Equipment Needed:

Television/VCR: _____ Sound Equipment: _____

***There might be an extra charge when you use our Sound System and/or Personnel**

Musical Instruments: _____ Other: _____

Number of Expected Participants: Adults: _____ Youth (11-18): _____ Children (4-10): _____

Is Child Care Needed: Yes: _____ No: _____

No. of Children: 0-12 mos.: _____ 2yrs.-3yrs.: _____ 4yrs.-6yrs.: _____ 7yrs.-10yrs.: _____

NOTE: If child care is needed, a Childcare Reservation Form listing names of parents, and the names and age of children must accompany this form at least 7 days before the event.

Advertising Your Event:

An Event Publicity Checklist must be submitted to Helen Geiger at hanon103@sbcglobal.net.

Weekly Tidings _____ Tidings _____ Flyer _____

Do you plan to put up an exterior sign / banner: Yes _____ No _____

Note: Fliers, Exterior Signs & Banners must be approved by the Communications Committee, please contact Helen Geiger.

Person Responsible for Set Up: Name: _____ Phone #: _____

Person Responsible for Take Down & Clean Up: Name: _____ Phone #: _____

If after church hours... Person who will open and lock up:

Name: _____ Phone #: _____

Description of Food Being Served (if any): _____

If Food Being Prepared on the Premises? Yes: _____ No: _____

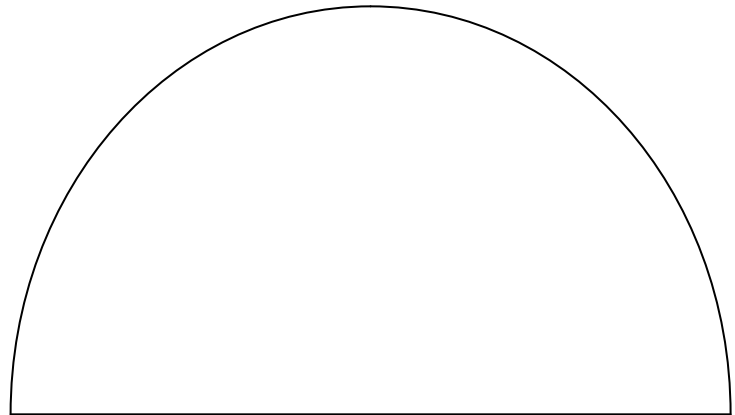
Person Responsible for Kitchen Clean Up: Name: _____

Phone #: _____

NOTE: Before date of function person coordinating function should review Trinity's "Guidelines for Use of Facility" (a copy of which may be obtained from the church office) THANK YOU!!!

Please sketch or write in below the set-up needed for the room(s) requested. Show door locations.

A minimum of 72 hours notice must be given for any changes in the set-up, otherwise TEC might not be able to accomplish those changes.



Coordinate all changes for your function or special event through Melanie Sheffield, Administrative Assistant to the Rector.

Note: A minimum of 72 hours notice must be given for any changes in the set-up, otherwise Trinity might not be able to accomplish those changes

FOR OFFICE USE ONLY!!!

Key Issued: _____ Date _____ Key Returned _____

Non Profit: Yes _____ No _____ Fee: _____

Notes: _____

