

CCS EVENT REQUEST FORM 3.13

Office Use: date rec'd: _____ approved: _____ placed on calendar: _____ (Lynn Myers)
 copy to point person making the request: _____ original filed in event binder (main office): _____
 additional questions: _____

POST EVENT - Copy returned to Main Office with after event checklist (back) completed: _____
 Upon submission of this *Event Request Form*, the event point person and event team members are agreeing to comply with the attached *Pledge of Compliance Checklist*. Please carefully review this before submitting this request form. **Upon the approval of the requested event, the *Pledge of Compliance Checklist (on the back)* goes into effect.**

PLEASE COMPLETE ALL SECTIONS OF FORM

EVENT TITLE: _____ DATE REQUESTING: 1st choice: _____ 2nd choice: _____ START TIME: _____ END TIME: _____ Est. Time Building/Rooms Locked and Vacated (if at CCS): _____ REQUESTING GROUP OR CLASS: _____ ADULT POINT PERSON: _____ Phone: _____ Email: _____ CORE TEAM MEMBERS: _____ _____ _____	EVENT PURPOSE: <input type="checkbox"/> Fundraiser <input type="checkbox"/> Social <input type="checkbox"/> Meeting Need Access to Square and/or petty cash ___ YES ___ NO Reason: _____ _____ FOR CCS FAMILIES ONLY? _____ YES ___ NO <input type="checkbox"/> Event Location CCS <div style="border: 1px solid black; padding: 5px;"> Requested Spaces + Set-up Date & Time ___ Sm gym ___ Date ___ Time ___ Stage ___ Date ___ Time ___ Cafe/ Kitchen ___ Date ___ Time ___ Outdoor Area ___ Legacy gym ___ Date ___ Time ___ Green Cafe ___ Date ___ Time ___ Classroom ___ Childcare Room # ___ Date ___ Time ___ Time </div> <input type="checkbox"/> Event Location Off Campus VENUE/ LOCATION: _____	FOOD INVOLVED: <input type="checkbox"/> YES <input type="checkbox"/> NO BRIEFLY EXPLAIN: _____ _____ KITCHEN REQUESTS: <input type="checkbox"/> Refrigerator <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> School kitchen <input type="checkbox"/> Green Cafe Access Needed: <input type="checkbox"/> Day of event Time: _____ <input type="checkbox"/> Day before Time: _____ <input type="checkbox"/> Oven/ Stovetop </div> BRIEFLY EXPLAIN PURPOSE OF USAGE _____ _____ Requested Hospitality Items: _____ _____	Childcare <input type="checkbox"/> YES <input type="checkbox"/> NO Please make sure to plan ahead, including: <u>Anticipated Numbers</u> <u># Of Caregivers (minimum of 2)</u> <u>Room Safety</u> <u>Activities</u> <u>Supplies Needed</u> TECHNOLOGY REQUESTS: SOUND SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO MICROPHONE(S) <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY? _____ POWER POINT <input type="checkbox"/> YES <input type="checkbox"/> NO ----- Please attach additional questions or information to form.
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CCS PLEDGE OF COMPLIANCE CHECKLIST

Please Return to Main Office Upon Completion

Pledge of Compliance: *To, "Promote Christ-like character, and encourage our students to serve God and impact their world for Christ". (from the CCS Mission Statement)*

Compliance Checklist: Upon approval of the event, this Compliance Checklist goes into effect. The point person is responsible for keeping the checklist current. When the checklist is completed, please turn in to the [CCS Main Office](#).

CCS Calendar

Advertising

<input type="checkbox"/> confirmed event is on calendar/ time and date is correct	<input type="checkbox"/> fliers/ posters submitted to main office for approval <input type="checkbox"/> digital flier sent to Jackie H. for communication with: <ul style="list-style-type: none"> <input type="checkbox"/> who to contact for questions <input type="checkbox"/> RSVP guidelines <input type="checkbox"/> Additional detail not included on flier <input type="checkbox"/> attached guideline read and team members made aware <input type="checkbox"/> parents and students informed they are NOT authorized to: <ul style="list-style-type: none"> <input type="checkbox"/> distribute fliers in parking lots <input type="checkbox"/> solicit via phone
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Fundraisers/ Collected Fees

revenue/ fees will be and are being collected by an assigned supervisor

Supervisor Name: _____

contact made with Brian Smith in the Business Office to arrange process for money handling

all collected revenue/ fees will be and are being turned into Business Office

Arrangements Prior of Event

access to facilities (speak with Lynn Myers at least 3 - 4 days needed before set-up and event date)

arrangements made for lock up of facilities and key return

For information regarding THE USE AND RETURN of:

Tables/ Chairs Contact: Main Office at: _____

Hospitality Items (coffee maker, tablecloths, serving platters, etc.) **Contact:** Lynn Myers

Tech/ Sound Equipment Contact: Brian Smith

Trash Bags/ Cleaning Supplies Contact: Tammy Smith at: _____

Team Assignments For the FOLLOWING Recommended NOT Required

SET-UP | HOSPITALITY IF NEEDED | DURING EVENT DUTIES | CLEAN-UP/ LOCK UP RETURNING ITEMS

After Event Checklist: Check Box When Completed

<i>Facility Returned to Original Set-Up</i>	<i>Facility Cleaned & Swept</i>	<i>All Signage Removed</i>
----- <i>Lights OFF</i>	----- <i>Doors Locked</i>	<i>ALL Trash to Dumpster</i>
<i>All Sound Equipment Returned as Arranged</i>	<i>All Hospitality Items Returned and Put Away</i>	<i>All Keys Returned as Arranged</i>

Event Point Person Name

Date

Administrator Received By

Date