

**CALENDAR ACTION REQUEST
PARKWAY HILLS BAPTIST CHURCH**

Date of Request _____

Date Approved _____

This is a:

One Time Event

Daily Event

Weekly Event

Monthly Event

Need Childcare?
Yes ___ * No ___
*If yes, you must also submit a Childcare Request to the Children's Office.

This is a new request. Delete this event This event is a previously scheduled event

Event Description _____ Ministry Department _____

Date(s) of Event _____ Day of Week _____

Set-up Begins _____ a.m. p.m. Event Begins _____ a.m. p.m. Event Ends _____ a.m. p.m.

Area/Room Requested _____ # of People Expected _____

Audio/Visual Needs (Flat screen, DVD) _____

Other Special Needs/Instructions _____

PLEASE DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.

Music _____

Youth _____

Children _____

Preschool _____

Admin _____

Legend

X Chair

Rect. table

Round table

PLEASE DIAGRAM THE ROOM ARRANGEMENT (Include tables, chairs, podium, A/V equipment, etc.)

Set up _____ # round tables with _____ # chairs at each table

Set up _____ # 6 ft long rectangular tables with _____ # chairs at each table

Set up _____ # chairs ONLY, (no tables)

Contact Person _____ Telephone # _____

Staff Contact _____ Ext. # _____

