

Event Request Form



Spring Creek Bible Church

567 E. Kellogg Rd., Bellingham, WA 98226
(360) 734-5228 (Tues-Fri 9-5)
office@scbiblechurch.org

The Essentials

Day & Date of Event: _____

Title of Event: _____

Leader/Contact Person: _____

Phone: _____ Cell: _____

E-Mail: _____

Event Time: Start Time _____:_____ AM/PM End Time: _____:_____ AM/PM

Set-Up Time: Date: _____ from _____:_____ AM/PM to _____:_____ AM/PM

Estimated Attendance: _____

Nature of Event: _____

Serving food? Yes No Serving beverages? Yes No

Room Usage Desired: (see reverse to outline your specific set-up needs)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Sanctuary
<small>(ask about limitations)</small> | <input type="checkbox"/> Garden Room 1 | <input type="checkbox"/> Silver Beach Room | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Garden Room 2 | <input type="checkbox"/> Infants Room | <input type="checkbox"/> Kitchen
<small>(Fill-In Kitchen Use Area)</small> |
| <input type="checkbox"/> Library | <input type="checkbox"/> Garden Room 3 | <input type="checkbox"/> Toddler Room | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> West Foyer
<small>(near Welcome Center)</small> | <input type="checkbox"/> Garden Room 4 | <input type="checkbox"/> 2's & 3's Room | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> North Foyer
<small>(near church mailboxes)</small> | <input type="checkbox"/> Garden Terrace | <input type="checkbox"/> Cafeteria | |
| <input type="checkbox"/> South Foyer
<small>(near Conference Room)</small> | | | |

Please fill-in reverse side to convey specific set-up needs.

Name of your organization or group (if applicable): _____

Address: _____

Phone: _____ Is it a non-profit organization? Yes No

Will there be a financial charge to attendees of your event? Yes No If yes, how much? _____

Will anything be sold or distributed in association with this event? Yes No

Will an offering be collected during the event? Yes No

Non-SCBC Events: The indicated leader of your event will, under the supervision of an SCBC Event Crew Leader, assume responsibility for all SCBC property.

Damage deposit required: _____ (to be filled in by SCBC staff)

Deposit Refund check made payable to (please print name of organization): _____

(Please allow 10 business days for security deposit to be processed)

SCBC Attendee Events: The indicated leader will oversee the event and thereby assume responsibility for all SCBC property.

Childcare Requested Yes No

Special arrangements must be made for childcare/nursery use at SCBC. Only SCBC pre-screened CAP approved members are eligible to provide childcare. Groups may request childcare workers at rate of \$11/hour, min. two hours. Two workers per 10 children required for ages toddler and up. Two workers per 4 infants (not yet walking) required. SCBC may decline childcare requests.

Event Promotion

SCBC affiliated events may be promoted through various channels at SCBC at the leadership's discretion. Events that are church related and open to all SCBC attendees *may* be posted in the *Peek at Spring Creek*, SCBC Calendar (online) and the weekly bulletin. Please check with the church secretaries for promotion deadlines and procedures and before any posters are hung or flyers distributed.

More Important Requirements

This Column for Office Use

Event Approved By:

Date: _____

Overseer of Facil. Mgmt.

Copy to Each Pastor

Copy to Facility Eng.

Copy in Events Binder

Copy to A/V Scheduler

Copy to Security Team Chief
Person assigned: _____

Entered on SCBC Calendar

Fee to Be Charged: _____

Fee Collected: _____

Date Received: _____

Deposit Received

Date Received: _____

Amount Refunded: _____

Kitchen Coordinator:

Event Crew Leader:

A/V Tech(s):

Access Person: _____

Notified

Closing Person: _____

Notified

Please Sign Here

We are a ministry first aiming to be wise stewards of the church facility. If you have any questions, please contact either:

- Facilities Mgmt. Overseer, 305-9384
- Assistant Pastor, 734-5228

All event requests are subject to leadership approval. Thanks!

Submitted by: _____

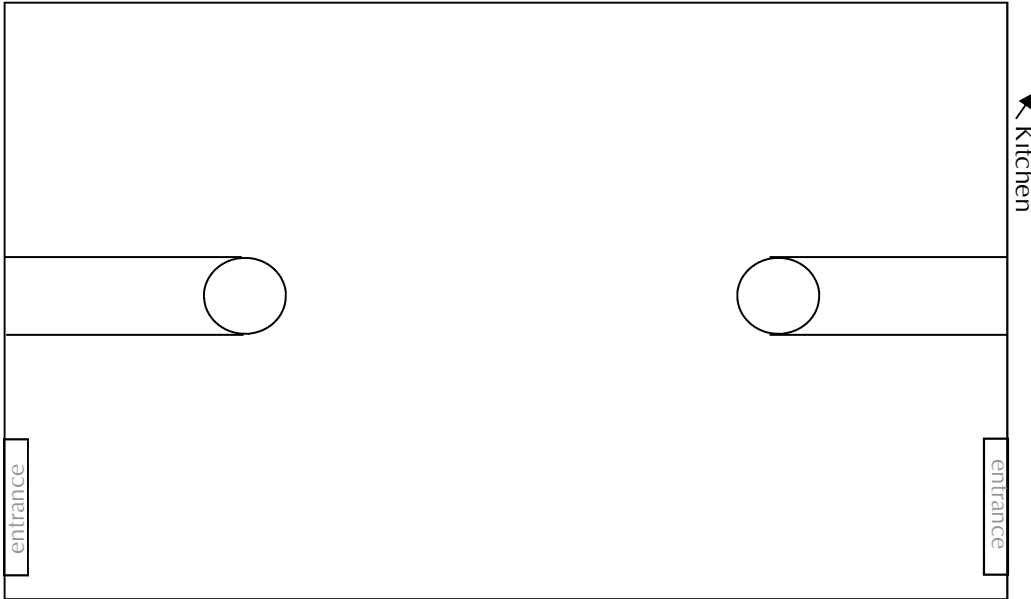
Date: _____

Please diagram your desired room set-up

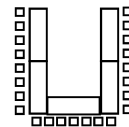
Seating Arrangements

□ = chair
 □ = table
 Δ = speaker

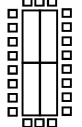
Gymnasium



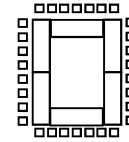
U-Shape



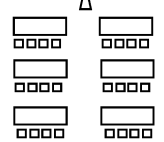
Conference Style



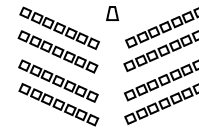
Square



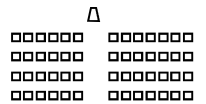
Classroom



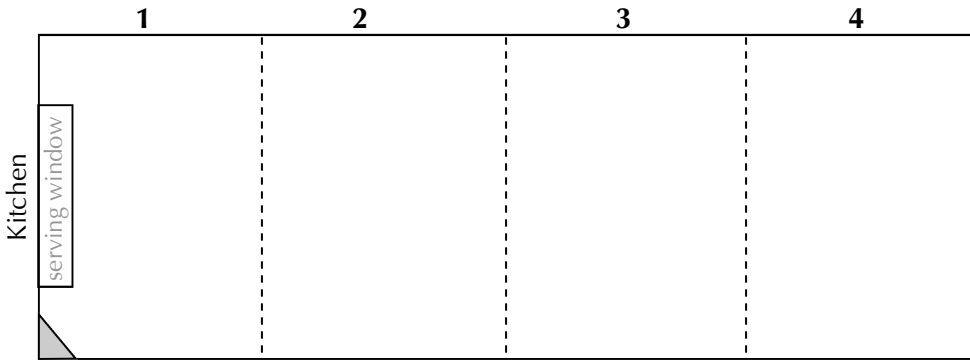
Chevron Style



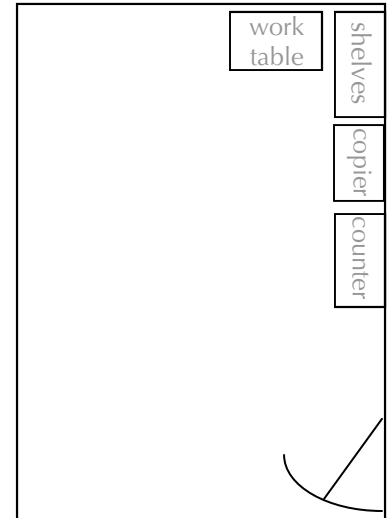
Theater Style



Garden Rooms



Conference Room



This space may be used to diagram another room, for a close-up look at your intentions, desired sanctuary platform lay out, or to list specific instructions.

Tables/Chairs and Other

- Chairs for: (# _____)
- Additional rented chairs (# _____)
- Round Tables (# _____)
 Set for: 4 6 8 10 (tight)
- 8' x 36" Rectangle Tables (# _____)
- 8' x 18" Rectangle Tables (# _____)
- Conference Style U-Shape
- Classroom Square
- Theater Style Chevron Style
- Registration Table
- Headtable
- Table(s) in Foyer: _____
- Tablecloths
- Round: _____ Rectangle: _____
 Color(s): _____
- Risers stairs for Risers
- Gymnasium Carpeting
 (by special arrangement only)
- Other: _____

Audio/Visual

- Podium
- Handheld microphone(s)
 How many: _____
- Wireless handheld mic
- Wireless headset mic
- Aisle/standing mic
- Piano
- Monitor (musician)
- Direct box
- TV/DVD Combo
- Projection/DVD Combo
- PowerPoint
 (computer projection)
- Whiteboard
- Easel
- Laser Pointer
- CD Player
- Powerstrip(s)

Kitchen Use

- Range/Oven
- Refrigerator
- Steel cutlery
- Silver Tea Service
- Coffee Maker
- Large Coffee Urns
- Punchbowl
- Other: _____
- Other: _____