



## CALENDAR REQUEST FORM

**PLEASE COMPLETE ALL AREAS OF THIS FORM IN DETAIL**

MINISTRY'S NAME: \_\_\_\_\_ MINISTRY'S CONTACT: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

### EVENT

TYPE OF EVENT:

☐ Concert

☐ Conference/Seminar

☐ Social Activity

☐ Sports/Competition

☐ Other \_\_\_\_\_

DATE OF EVENTS: \_\_\_\_\_ / \_\_\_\_\_ / 201 \_\_\_\_\_

OPTIONAL DATE \_\_\_\_\_ / \_\_\_\_\_ / 201 \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

PROVIDE A DETAILED DESCRIPTION OF THE EVENT/ACTIVITY THAT YOU ARE PLANNING

*(Please attach a detailed itinerary for your event as well)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW WILL THIS EVENT REPRESENT THE CHURCH MISSION? \_\_\_\_\_

-----

### PROGRAMMING

WILL THERE BE A GUEST SPEAKER(S) FOR THIS EVENT?

☐ YES ☐ NO

Suggested Speaker(s):

NAME: \_\_\_\_\_

CITY, STATE \_\_\_\_\_

NAME: \_\_\_\_\_

CITY, STATE \_\_\_\_\_

*All Speakers MUST BE approved by the Pastor. All communication to guest will be initiated from the Admin. Office*

### LOCATION

IF YOUR EVENT IS AT BETHESDA WHAT ROOM/LOCATION ARE YOU REQUESTING?

☐ Sanctuary Room(s) \_\_\_\_\_

☐ Administrative Bldg Room(s) \_\_\_\_\_

☐ Dorothy Benton Fellowship Hall ☐ Other \_\_\_\_\_

☐ Off-site

IF OFFSITE, ADDRESS \_\_\_\_\_

### ADVERTISING/MARKETING

WHAT TYPE OF MARKETING WILL BE DONE FOR THIS EVENT? \_\_\_\_\_

ARE YOU USING THE CHURCH LOGO OR TRADEMARK IN ASSOCIATION WITH YOUR ACTIVITY?

☐ YES ☐ NO

*(i.e. T-Shirts - After your event is approved, please consult the graphic designer to proceed)*

WILL YOUR EVENT HAVE A THEME? ☐ YES ☐ NO

IF YES, PLEASE PRINT HERE: \_\_\_\_\_

IF A SCRIPTURAL TEXT IS INCLUDED, PLEASE PRINT HERE: \_\_\_\_\_

# BETHESDA CATHEDRAL CALENDAR REQUEST FORM

**PLEASE COMPLETE ALL AREAS OF THIS FORM IN DETAIL**

## ACTIVITY

**DOES YOUR PROGRAM INVOLVE ANY TYPE OF PHYSICAL ACTIVITY?**

☐ YES ☐ NO

(Make sure that individuals hosting the event are well trained to facilitate the activities. Consider using a waiver form – one may be obtained in the administrative office).

**WILL YOUR EVENT INCLUDE TRAVEL?**

☐ YES ☐ NO

If you are traveling, what type of transportation are you using?

☐ Personal Vehicle

☐ Church Vehicle

☐ Commercial Plane

☐ Rental Car/Van

☐ Church Chartered Bus

☐ Other \_\_\_\_\_

**IS YOUR EVENT OUTDOORS, OR CAN YOUR EVENT BE AFFECTED BY INCLEMENT WEATHER?**

☐ YES ☐ NO

**HOW DO YOU PLAN TO PROTECT YOUR EVENT FROM INCLEMENT WEATHER?**

**IS YOUR ACTIVITY AN OPEN EVENT?**

☐ YES ☐ NO

(Open to the church, public, community, other churches in the area or outside the area, and/or expected to draw over 150 participants)

**WILL A CONTRACTUAL AGREEMENT OR INSURANCE VERIFICATION BE A CONCERN TO FINALIZE THIS EVENT?**

☐ YES ☐ NO

(Events that require a contract must be reviewed and signed by Bethesda's authorized personnel **ONLY**. A draft contract should be included with your request)

## FOOD SERVICE

**WILL A MENU BE INCLUDED?**

☐ YES ☐ NO

(Please attach a copy of your proposed menu)

**WHO WILL CATER YOUR EVENT?** \_\_\_\_\_

(Auxiliaries using the Fellowship Hall will need to contact the Bethesda's Food Service Director 30 days in advance with complete menu arrangements)

**IF YOU WILL USE AN HIRED CATERER, PLEASE PROVIDE THE BUSINESS NAME & WEBSITE ADDRESS?**

**WILL YOUR HIRED CATERER NEED THE USE OF OUR KITCHEN?**

☐ YES ☐ NO

(Your hired caterer should have insurance to protect against injuries and damages)

**IS THERE ANY ADDITIONAL INFORMATION ABOUT YOUR FOOD SERVICE?** \_\_\_\_\_

## ADDITIONAL INFORMATION

**IMPORTANT:** PLEASE GIVE IMPERATIVE DETAILS ABOUT YOUR EVENT THAT WILL HELP THE ADMINSTRATIVE OFFICE TO IMPROVE PROMOTIONS (add attachment if the space is not enough).

## BUDGET

**WHAT IS THE PROPOSED TOTAL BUDGET FOR THIS EVENT?**

\$ \_\_\_\_\_.

(Please attach an itemized budget form – a sample may be requested if needed)

**WILL THERE BE A COST/REGISTRATION?**

☐ YES ☐ NO

**IF SO, HOW MUCH?**

\$ \_\_\_\_\_.

**HOW DO YOU PLAN TO FUND YOUR EVENT?** \_\_\_\_\_

## OFFICE USE ONLY

Date Submitted to Office \_\_\_\_\_

☐ Event Approved ☐ Event Not Approved ☐ \*Event Approved W/Modifications

\*MODIFICATION NOTE: \_\_\_\_\_



## BETHESDA CATHEDRAL CALENDAR REQUEST FORM

**PLEASE COMPLETE ALL AREAS OF THIS FORM IN DETAIL**

### POST EVENT ASSESSMENT

**Immediately** following your event, please complete this form and return it to the Administrative Office. An honest response is necessary in order to reach a proper evaluation – please take time to review your question and carefully answer them.

1. Was your event a success? Why or why not? ☐ Yes ☐ No

---

---

---

---

2. Did you encounter any unforeseen problems? ☐ Yes ☐ No

3. If yes, how can you better prepare in the future?

---

---

---

---

4. List contact information for vendors, staff, volunteers or others who assisted with this event.

---

---

---

---

5. Are you going to continue the event? ☐ Yes ☐ No

6. If yes, what changes would you recommend for the following year?

7. 

---

---

---

---

Completed on this date: \_\_\_\_\_

By: \_\_\_\_\_

In order to facilitate future planning it is suggested that a completed copy of this form and assessment be maintained as part of evaluation and research.