



LBC Event Registration Form

In an effort to provide efficient communication regarding your upcoming event, please complete all necessary spaces and return this form to the office at least 30 days prior to your event.

OFFICE USE ONLY
Received by: _____
Date: _____
Confirmed on: _____

Event Contact Person: _____	Today's date: _____	Date of Event: _____
LBC Member: YES NO <input type="checkbox"/> <input type="checkbox"/>	Home phone: _____	
Email address: _____	Cell phone: _____	

Type of Event: _____	Rehearsal Date: _____ <small>(if applicable)</small>	Set up day/time: _____
Event Start Time: _____	Event End Time: _____	
# of people expected: _____	Does this event include a meal? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of people expected for meal: _____

Facility (see event fee schedule)

Copy given to Facilities Manager

Staff opening building day of event: _____	Time building open: _____	Staff locking building day of event: _____	Time building closed: _____
Areas requested: <input type="checkbox"/> Sanctuary <input type="checkbox"/> Kitchen <input type="checkbox"/> Children's Area <input type="checkbox"/> Choir Room <input type="checkbox"/> Off campus <input type="checkbox"/> Fellowship Hall A <input type="checkbox"/> Youth Building <input type="checkbox"/> 1 st Floor Classrooms <input type="checkbox"/> Outdoor/Lawn <input type="checkbox"/> Other: <input type="checkbox"/> Fellowship Hall B <input type="checkbox"/> Youth Bldg. Kitchen <input type="checkbox"/> 2 nd Floor Classrooms <input type="checkbox"/> Playground			
Tables/Chairs requested: <input type="checkbox"/> 6 Foot #: _____ <input type="checkbox"/> Chairs: _____ <input type="checkbox"/> 8 Foot #: _____ # per table _____		Miscellaneous requested: <input type="checkbox"/> Podium <input type="checkbox"/> Decorative Columns <input type="checkbox"/> Music Stands <input type="checkbox"/> Risers <input type="checkbox"/> Small Tables #: _____	
Special instructions (e.g. pulpit cleared, fellowship hall empty): _____			

Custodial

<input type="checkbox"/> Set up help requested	Day/time: _____	Day/time you would like room/facility available: _____
<input type="checkbox"/> Take down help requested	Day/time: _____	
Special instructions: _____		

Kitchen (see event fee schedule)

Copy given to Kitchen Committee

Paper products requested: <input type="checkbox"/> Plates #: _____ <input type="checkbox"/> Napkins #: _____ <input type="checkbox"/> Cups #: _____ <input type="checkbox"/> Utensils #: _____ Special instructions: _____	Drinks/Food requested: <input type="checkbox"/> Coffee <input type="checkbox"/> Ice <input type="checkbox"/> Sweet Tea <input type="checkbox"/> Other (list) _____ <input type="checkbox"/> Unsweet Tea
Equipment requested: <input type="checkbox"/> China <input type="checkbox"/> Stove <input type="checkbox"/> Dishwasher <input type="checkbox"/> Silverware <input type="checkbox"/> Oven <input type="checkbox"/> Coffee maker <input type="checkbox"/> Convection oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Warmer <input type="checkbox"/> Freezer <input type="checkbox"/> Roasters	Help requested (must be approved kitchen committee chair): <input type="checkbox"/> Meal prep #: _____ <input type="checkbox"/> Clean up #: _____ <input type="checkbox"/> Servers #: _____

Technical/Music (see event fee schedule)

Copy given to AV Coordinator/Music Minister

<p>Sanctuary:</p> <input type="checkbox"/> Audio <input type="checkbox"/> Instrument Mics <input type="checkbox"/> Background Music <input type="checkbox"/> Projection <input type="checkbox"/> Podium <input type="checkbox"/> Piano/Organ <input type="checkbox"/> Vocal Microphone(s) #: _____	<p>Other equipment:</p> <input type="checkbox"/> DVD Player <input type="checkbox"/> CD Player <input type="checkbox"/> Keynote <input type="checkbox"/> PowerPoint <input type="checkbox"/> ProPresenter <input type="checkbox"/> Lighting
<p>Other areas:</p> <input type="checkbox"/> Sound Equipment <input type="checkbox"/> Projection/TV <input type="checkbox"/> Other: <input type="checkbox"/> Microphone(s) #: _____	<p>Other requests:</p> <input type="checkbox"/> Record Video of event <input type="checkbox"/> Record Audio of event
<p>People (must be approved by AV Coordinator and Music Minister):</p> <input type="checkbox"/> Sound tech <input type="checkbox"/> Projection tech <input type="checkbox"/> Video tech <input type="checkbox"/> Vocalist(s) <input type="checkbox"/> Musician(s)	
<p>Special instructions:</p> 	

Finance (for church sponsored events only)

<p>Estimated event budget: \$ _____</p> <input type="checkbox"/> Budgeted from LBC account: _____ <input type="checkbox"/> Unbudgeted; no finances from Lebanon Baptist will be used unless expenses are PRE-APPROVED by the church. <input type="checkbox"/> Love offering or proceeds will be collected. (Department director will provide instructions.) <input type="checkbox"/> If event is a fundraiser, it has been approved by the church as required.

Any special instructions or requests not covered:

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