ACTIVITY/FACILITY/TRANSPORTATION/CONTRACT SERVICES REQUEST FORM

***FORM INSTRUCTIONS: This form must be completed for all approved ministry activities, meetings, and rehearsals requiring the uses of the church/church transportation/contract services. Please fill out all sections that apply to the approved ministry activity.***

NOTE: THIS FORM SHOULD BE PLACED IN TRUSTEE VASHTIE MONCRIEF’S MAILBOX, LOCATED IN THE CHURCH OFFICE.

Section 1 MINISTRY INFORMATION

NAME OF MINISTRY: ________________________________________________________________

NAME OF MINISTRY PRESIDENT: _______________________________________________________

MINISTER LEADER APPROVAL: __________________________________ DATE: ______________

Section 2 ACTIVITY INFORMATION

ACTIVITY NAME: __________________________________________________________________

ACTIVITY POINT OF CONTACT: _______________________________________________________

TELEPHONE NUMBER: ___________________________  ☐ Cell  ☐ Home  ☐ Work

E-MAIL: ____________________________________________________________ __________________

DATE OF ACTIVITY:   __________/_______/_______  (Start Date)   __________/_______/_______  (End Date)
                    (Month)     (Day)     (Year)                           (Month)     (Day)     (Year)

-or-

RECURRING DATES OF ACTIVITY:

   __________/_______/_______  (Month)     (Day)     (Year)

   __________/_______/_______  (Month)     (Day)     (Year)

   __________/_______/_______  (Month)     (Day)     (Year)

TIME OF ACTIVITY:  __________  ☐ a.m.  ☐ p.m.  (Start Time)  __________  ☐ a.m.  ☐ p.m.  (End Time)

ESTIMATED NUMBER OF PEOPLE: ______________________

TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TRUSTEE MINISTRY APPROVAL:

APPROVED BY: __________________________________ DATE: ______________

DISAPPROVED BY: __________________________________ DATE: ______________

COMMENTS: ________________________________________________________________

Revised 3.2014
Section 3  CHURCH FACILITIES REQUEST INFORMATION

☐ PLEASE CHECK AREAS OF CHURCH NEEDED:
   - ☐ Sanctuary
   - ☐ Myles Fellowship Hall
   - ☐ Multi-Purpose Room (Old Fellowship Hall)
   - ☐ Kitchen
   - ☐ Classroom (Quantity requested _________)
   - ☐ Parking Lot (Outdoor Activity)

☐ PLEASE CHECK AUDIO/VISUAL EQUIPMENT NEEDED:
   - ☐ Projector
   - ☐ TV/VCR/DVD
   - ☐ Musical Instruments
   - ☐ Sanctuary Sound System
   - ☐ Fellowship Hall Sound System

☐ PLEASE CHECK OTHER ITEMS NEEDED:
   - ☐ Sanctuary Carpeted Platform
   - ☐ Other (___________________________)

☐ PLEASE CHECK IF FOOD WILL BE SERVED: (A Certified Food Service Manager will be required)
   - ☐ Yes
   - ☐ No

CERTIFIED FOOD SERVICE MANAGER INFORMATION:

   NAME: ______________________________________________________________

   TELPHONE NUMBER: ________________________________________________

Section 4  AREA SET-UP REQUIREMENTS

FELLOWSHIP HALL: Indicate the number of tables, number of chairs at each table, podiums needed and the number of serving tables needed. Indicate via written description or layout the location of these items. A blank floor diagram is located on the next page.

   NUMBER OF RECTANGLE TABLES: _______  NUMBER OF ROUND TABLES: _______

   NUMBER OF CHAIRS AT EACH TABLE: _______  NUMBER OF SERVING TABLES: _______

   NUMBER OF PODIUMS: _______

SANCTUARY/CLASSROOMS/MULTI-PURPOSE ROOM: Indicate if you need to change the standard set-up of the classrooms, multi-purpose room and/or pulpit area. Attach descriptions or layouts for the set-ups you need for each room.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
***INSTRUCTIONS:*** Please indicate the placement of the available resources that you want for your activity on the grid above.

<table>
<thead>
<tr>
<th>AVAILABLE RESOURCES</th>
<th>INDICATE ON GRID WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 FT. Rectangle Table</td>
<td>Rectangle</td>
</tr>
<tr>
<td>6 ft. Round Table</td>
<td>Circle</td>
</tr>
<tr>
<td>Chairs</td>
<td>X’s</td>
</tr>
<tr>
<td>Grand Piano</td>
<td>Triangle</td>
</tr>
<tr>
<td>Platform</td>
<td>Square</td>
</tr>
<tr>
<td>Podiums and Microphone</td>
<td>“P” Inside Small Circle</td>
</tr>
</tbody>
</table>

**SPECIAL ATTENTION:**
Fire regulations require that doors cannot be blocked.

*FOR FURTHER INFORMATION:*
Please contact Trustee Cheryl Mackey on 301-248-2398 (H) or 240-533-2156 (C).
CHURCH BUS/VAN TRANSPORTATION REQUEST INFORMATION

Section 5

CHURCH BUS REQUEST

DESTINATION: _______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

PICK-UP DATE: _______/_____/______  PICK-UP DATE: _______/_____/______
(Month)       (Day)       (Year)  (Month)       (Day)       (Year)

PICK-UP TIME: _______  a.m.  p.m.  RETURN TIME: _______  a.m.  p.m.

DESIGNATED DRIVER(S):

_____________________________________________________________________
(NAME)  (Telephone Number)

_____________________________________________________________________
(NAME)  (Telephone Number)

CHURCH VAN REQUEST

DESTINATION: _______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

PICK-UP DATE: _______/_____/______  PICK-UP DATE: _______/_____/______
(Month)       (Day)       (Year)  (Month)       (Day)       (Year)

PICK-UP TIME: _______  a.m.  p.m.  RETURN TIME: _______  a.m.  p.m.

DESIGNATED DRIVER(S):

_____________________________________________________________________
(NAME)  (Telephone Number)

_____________________________________________________________________
(NAME)  (Telephone Number)

TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TRUSTEE MINISTRY APPROVAL:

TRUSTEE ASSIGNED: ________________________________________________

DATE RECEIVED: ____________________________________
Section 6  CONTRACT SERVICE REQUEST INFORMATION

NAME OF MINISTRY: ________________________________________________________________

MINISTRY POINT OF CONTACT: ______________________________________________________

TELEPHONE NUMBER: ____________________________________  ☐ Cell  ☐ Home  ☐ Work

E-MAIL: ________________________________________________________________

MINISTER LEADER APPROVAL: __________________________ DATE: ________________

ACTIVITY NAME: ______________________________________________________________

PRODUCT, VENUE OR SERVICE REQUIRED:

____________________________________________________________________________

____________________________________________________________________________

QUANTITY: ____________________ (If applicable)

DATE(S) NEEDED:  __________/________/________ (Start Date)  __________/________/________ (End Date)
   (Month)  (Day)  (Year)  (Month)  (Day)  (Year)

TIME NEEDED: __________  ☐ a.m.  ☐ p.m.  (Start Time)  __________  ☐ a.m.  ☐ p.m.  (End Time)

BUDGET CONSTRAINTS:

____________________________________________________________________________

SPECIAL REQUIREMENTS, TERMS, OR CONDITIONS: PRODUCT, VENUE OR SERVICE REQUIRED:

____________________________________________________________________________

____________________________________________________________________________

***Please attach complete written requirements if more space is needed
and if additional documentation will assist in securing this Product or Service.***

SUGGESTED VENUES OR PROVIDERS:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Telephone Number</th>
<th>Point of Contact</th>
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</thead>
<tbody>
<tr>
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TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TRUSTEE MINISTRY APPROVAL:

TRUSTEE ASSIGNED: ____________________________

DATE RECEIVED: ____________________________
Section 7

CHARTER BUS/RENTAL VAN TRANSPORTATION REQUEST INFORMATION

CHARTER BUS REQUEST

NUMBER OF BUSES NEEDED: ______________

WILL FOOD BE SERVED ON THE BUS? ☐ Yes ☐ No

WILL ANY STOPS FOR MEALS ON THE WAY TO THE DESTINATION BE REQUIRED? ☐ Yes ☐ No

If yes, please give details: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

WILL ADDITIONAL TRAVEL BE REQUIRED OF THE DRIVER WHILE AT THE DESTINATION? ☐ Yes ☐ No

If yes, please give details: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

WILL ANY STOPS FOR MEALS ON THE WAY BACK TO THE CHURCH BE REQUIRED? ☐ Yes ☐ No

If yes, please give details: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

RENTAL VAN REQUEST

DESIGNATED DRIVER(S):

________________________________________ (Name) ________________________________ (Telephone Number)

________________________________________ (Name) ________________________________ (Telephone Number)

TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TRUSTEE MINISTRY APPROVAL:

TRUSTEE ASSIGNED: __________________________________________________________

DATE RECEIVED: ____________________________________________________________