Section 1: Event Information

1. Event Name:______________________________________________________________

2. Nature of Use: ☐ Ministry       ☐ Personal (Fees may apply)

   Reason:____________________________________________________________________

3. Anticipated Attendance:____________________________________________________

4. Responsible person for event (must be a Temple attendee):______________________

5. Responsible person’s phone number: _______________  E-mail: ____________________

6. Date of event: __________________________  Time of event: ______________________

7. Time setup is needed: _________  Time cleanup will be completed: _____________

8. One-time event: _________  Ongoing: __________________

   (If on-going, what day of the week: M, T, W, TH, F, S, S)

9. Ongoing event: Start date ___/___/___  Ending date: ___/___/___

   Frequency:____________________________________________________

10. Do you need the Church vans  ☐ Yes  ☐ No  If yes, How many: _____________

Section 2: Event Resources Needed

1. Please check all requested rooms (Building maps available upon request):

   a. Sidney Temple
      i. Conference Room [ ]
      ii. Sanctuary [ ]
      iii. Fellowship hall [ ]
      iv. Sunday School Classroom (Specify Room)__________________________
      v. Kitchen [ ]

   b. Quincy Temple
      i. Sanctuary [ ]
      ii. Sunday School Classrooms (Specify Room)__________________________

2. Do you need room setup?  ☐ Yes  ☐ No (Limited Setup ability)

   Note: The person reserving the room is responsible for room setup/decorating
3. Do you need tables/Chairs available for this event? ________________________________

4. How many tables__________ Chairs__________________

5. Are refreshments served? ______ Yes ______ No
   *(If yes, reservations for the Kitchen are required)*

6. Check additional departmental resources needed:
   a. None
   b. Ushers
   c. Security
   d. Hostesses
   e. Multimedia
   f. Sound
   g. Music
   h. Nursery
   i. Children’s Ministry
   j. Other ________________________________

7. Check additional items needed:
   a. None
   b. Projector
   c. Sound System
   d. Coolers
   e. Grill
   f. Eating Supplies ________________________________ *(See Secretary requisition form)*
   g. Other ________________________________

Section 3: Media Resources

1. Please indicate how you would like your event to be advertised. *(Check all that apply)*
   a. Bulletin Announcement
   b. Church Website
   c. Church Facebook
   d. Projector Announcement Loop
   e. One Call
   f. Mass Email

2. Do you have artwork? ___________Yes _____________No

   If yes, please forward artwork to the following e-mail address:
   **llong@templeministries.net**

   If no, please check box below to request the Promotions Dept. to create artwork for your event. ___________Yes
Sidney Apostolic Temple
Event Reservation Form

3. Additional resources needed (Circle all that apply)

a. Tickets (Cost $ _____________)
b. Flyers

c. Sign-up Sheets
d. Posters
e. Postcards
f. Church Letter
   Specify what type of letter is needed:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Miscellaneous Details

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Does your event require a mailing? _____________ Yes _____________ No

6. Do you need online registration? _____________ Yes _____________ No
   a. Date open registration ________________ Date Close ________________

Reservee’s Signature: __________________________ Date: __________________

Department Leader Signature: __________________________ Date: ______________

OFFICE USE ONLY

Date Received: ______________ By: ________________________________

Date approved: ______________ By: ________________________________

Date entered on calendar: ______________ By: ________________________________