



# UBC EVENT REQUEST FORM

**(\*NO EVENT/ACTIVITY WILL BE SCHEDULED WITHOUT THIS FORM)...THIS FORM MUST BE SUBMITTED AND APPROVED AT LEAST 90 DAYS IN ADVANCE PRIOR TO START OF SPECIAL EVENTS. ALL ONE TIME OR REOCCURRING EVENTS BASED ON SPACE AVAILABILITY**

**Please Print / Write Legibly**

|   |  |
|---|--|
| <b>EVENT /ACTIVITY /MEETING NAME:</b>   |  |
| <b>LOCATION:</b>  |  |
| <b>PURPOSE &amp; EVENT DESCRIPTION:</b>   |  |
| <b>DATE SUBMITTED:</b>  |  |
| <b>PLEASE INDICATE WHETHER THIS...<br/>EVENT/ACTIVITY/MEETING IS:</b>             | <input type="radio"/> A MINISTRY MEETING<br><input type="radio"/> A SPECIAL EVENT/ACTIVITY<br><input type="radio"/> A REOCCURRING EVENT/ACTIVITY/MEETING |
| <b>NUMBER OF ATTENDEES EXPECTED:</b>  |  |
| <b>DATE(S)/TIME OF PROPOSED EVENT:</b>  |  |
| <b>REQUESTOR NAME:</b>  | <b>HOME PHONE:</b>   |
| <b>MINISTRY/AUXILIARY:</b>  | <b>CELL PHONE:</b>   |
|   | <b>EMAIL:</b>  |
| <b>KEY MINISTRY TEAM:</b>   | _____  |
| <b>MINISTRY TEAM LEADER:</b>  | _____  |
|   | PRINTED NAME <span style="float: right;">SIGNATURE</span>  |
| <b>OFFICIAL USE ONLY: (do not write in shaded area)</b>                           |  |
| <b>ADMINISTRATOR REVIEW:</b>  | <b>BOARD/COUNCIL REVIEW:</b>   |
| <b>DATE(S)/TIME AVAILABLE? YES <input type="radio"/> NO <input type="radio"/></b> | <b>APPROVED: <input type="radio"/> DENIED: <input type="radio"/> NOT APPLICABLE <input type="radio"/></b>  |
| _____<br>SIGNATURE  | _____<br>DECISION DATE   |
| <b>COMMENTS:</b>  |  |

**Process flow:** Review Church Master Calendar, then Complete this form and Submit to Administrator (**Danel Payne**) for review. Form will then be forwarded to (**Joint Board/Church Council**) for final approval or denial, if applicable. If approved, This Original form will then be saved and filed in the Church Office and copies returned to the **Ministry Team Leader** along with supplemental Event Planning Work Sheets; which are for your convenience and should be completed as a guide to help in planning, and to monitor progress. ...REVISED 01/2018...las



# UBC ROOM RESERVATION REQUEST FORM

Room(s) Needed \_\_\_\_\_

Date(s) Needed \_\_\_\_\_

Total Time of Room Reservation \_\_\_\_\_

## DIAGRAM OF ROOM SET-UP\*

Please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.

\* Room setup and audio visual needs are based on availability.

## OTHER SPECIAL EQUIPMENT, NEEDS

e.g. podium, visual aid, audio and sound, projector etc.

### FOR OFFICIAL USE ONLY: (do not write in shaded area)

ROOM SETUP AVAILABLE? :         YES                      NO

IF YES, CONTACT PERSON: \_\_\_\_\_

MEDIA TEAM SPECIALIST AVAILABLE?         YES                      NO

IF YES, CONTACT PERSON: \_\_\_\_\_

FOOD SERVICE TEAM AVAILABLE? YES      NO

IF YES, CONTACT PERSON: \_\_\_\_\_

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## UBC EVENT PLANNING WORKSHEET

| <b>Action Steps</b>           | <b>STATUS</b> |
|-------------------------------|---------------|
| <b>EVENT SUMMARY PLAN</b>     |               |
| <b>COMMITTEES</b>             |               |
| <b>GOALS &amp; OBJECTIVES</b> |               |
| <b>REQUIREMENTS</b>           |               |
| <b>EXPENSES &amp; BUDGET</b>  |               |
| <b>OTHER RESOURCES</b>        |               |
| <b>ROADBLOCKS/PITTFALLS</b>   |               |
| <b>NOTES:</b>                 |               |



**Who is responsible for which task?**

(Make extra copies of this form if needed)

**PROJECT TEAM MEMBER**

Name: \_\_\_\_\_

Assignment: \_\_\_\_\_

Due By: \_\_\_\_\_ Contact # (s) \_\_\_\_\_

Status: \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT TEAM MEMBER**

Name: \_\_\_\_\_

Assignment: \_\_\_\_\_

Due By: \_\_\_\_\_ Contact # (s) \_\_\_\_\_

Status: \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT TEAM MEMBER**

Name: \_\_\_\_\_

Assignment: \_\_\_\_\_

Due By: \_\_\_\_\_ Contact # (s) \_\_\_\_\_

Status: \_\_\_\_\_ Email \_\_\_\_\_

**EVENT PLANNING WORK SHEETS; ARE FOR YOUR CONVENIENCE AND SHOULD BE COMPLETED AS A GUIDE TO HELP IN PLANNING AND TO MONITOR PROGRESS.**