

## New Beginnings Event Form

Date of Request: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Event Information:

Event Name: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ Location/Room# \_\_\_\_\_ Time: \_\_\_\_\_  
Person in Charge of Setup & Cleanup: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Person to Unlock & Lock doors: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Additional Services Needed:

Childcare: \_\_\_\_\_ Anticipated # of Children: \_\_\_\_\_  
Audio/Visual Support: \_\_\_\_\_  
Type of A/V support required \_\_\_\_\_

*Contact Alan Puch @ 770.778.9362 for AV arrangements*

### Advertising:

Bulletin Insert:	_____	Date(s) Needed:	_____
Bulletin Announcement:	_____	Date(s) Needed:	_____
Lobby Display:	_____	Date(s) Needed:	_____
Newletter:	_____	Date(s) Needed:	_____
Other:	_____	Date(s) Needed:	_____

*Information for bulletin/flyers/newsletters/other should be emailed to [communications@newbeginningsmc.org](mailto:communications@newbeginningsmc.org)*

### Financial Info:

Will this event require funding? \_\_\_\_\_  
If so, how will it be funded? \_\_\_\_\_  
Participants \_\_\_\_\_ Cost per person: \_\_\_\_\_  
Ministry Budget: \_\_\_\_\_ Estimated Budget Request: \_\_\_\_\_  
Donations, Fundraisers, Sponsorships: \_\_\_\_\_ **Attach details**

### Additional Info:

\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only:

Request received by:	_____	Date:	_____
Requested Space Available:	_____ <i>Initial</i> _____	Date:	_____
Added to Church Calendar:	_____ <i>Initial</i> _____	Date:	_____
Replied to Request:	_____ <i>Initial</i> _____	Date:	_____