

Calendar Request Guidelines

Any ministry area wanting their event placed on the church calendar and making a room reservation must submit an **Event Calendaring & Room Reservation Form** to the Calendar Coordinator. Forms are available at the Church office or at bearcreekumc.org/resources. No event date is placed on the calendar until the form has been submitted to the Calendar Coordinator. The **Event Calendaring & Room Reservation Form** must be completed at least **2 weeks in advance** of the activity. It is recommended however that as soon as you know your event date(s) submit your request.

The **Event Calendaring & Room Reservation Form** provides for every area of the Church. Please be sure to indicate all rooms and other service needs (i.e. food, sound, child care, set-up, etc.) that you will need for your event. There may be fees for childcare, room set-up, audio/visual needs, and food service requests.

If **childcare** is needed, and your group provides enough Safe Sanctuary trained volunteers to maintain appropriate volunteer-to-child ratios in the nursery, there will be no charge to use the nursery. However, if your ministry does not provide volunteers, a minimum of 2 paid Nursery workers will be provided (\$10/hour/worker) and the charge will be billed to the ministry area. Please contact the Nursery Coordinator at 281-463-2330 or nursery@bearcreekumc.org to communicate childcare needs.

If **audio/visual** assistance is needed, will there be a presentation? There is a fee for a Sound/AV Tech. The fee is \$40.00/hour with a \$150.00 minimum. Please contact Deborah Rucker and she will schedule the A/V Tech.

If you request a room set-up for your event you must submit a **Room Set-up Request Form** along with your **Event Calendaring & Room Reservation Form**. On this form, you will draw a sketch of your desired set-up. The Campus Coordinator must receive this request at least **2 weeks in advance** of the activity. If your event is held after hours on Friday or Saturday, please note that there may be a Facilities/Janitorial Fee. The facilities fee is \$65.00.

Your request will be reviewed to determine if there are any calendar conflicts. Requests are scheduled on a “first-come, first-serve” basis. All church programs will have priority over requests from outside sources no matter when the request is turned in.

When your request has been approved you will receive a confirmation email or phone call from the Calendar Coordinator as soon as possible. The event will then be entered in the computerized calendaring program and is available for viewing at bearcreekumc.org/calendar.

Bear Creek UMC

Event Calendaring & Room Reservation Form

Please fill out the following information and return it to Deborah Rucker, or email deborahr@bearcreekumc.org

For Office Use Only:

Date Rec'd _____ By _____

Confirmation Sent: phone Email

Date Sent: _____

Name of Event:	Ministry Area:
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Contact Person:

Name:	Phone:
Email:	

Event Details:

Brief Description of Event:	
Date(s) of event:	
Start time of event: AM PM	End time of event: AM PM
Time needed for set up:	Time needed for clean up:
Is this an ongoing event? If yes, please explain.	Number in group:
Room(s) Requested:	

Resource Information:

Does your event need Childcare ? YES NO There may be a charge for these services	If YES , please contact our Nursery Coordinator by email at nursery@bearcreekumc.org to follow up with number of children and ages.
Any children with special needs? If yes, please explain.	
Do you need Audio/Visual Assistance or Equipment ? YES NO If YES , check all that apply: Sound Tech TV DVD/VCR Stage Lighting Podium Projector Projector Screen Microphone-Qty ? _____ Speaker Mic (Handheld or Lapel) Mic Stand - Qty ? _____ In-ear packs (4 max-stage monitors not available) There may be a charge for these services	
Do you need items from Food Services ? YES NO There may be a charge for this service. If YES , the Food Service Director will contact you upon receipt of this form.	
Do you need Room Set up and Take Down? There may be a charge for this service. YES NO If yes, please fill out the Room Setup Request Form on the back of this form.	

Bear Creek UMC – Room Setup Request Form

For Office Use Only:

Date Rec'd _____

Note: 2 Weeks advanced notice is required to request a room set up.
Please use other side of this form to calendar your event!

▶ **Return completed form to Deborah Rucker's mailbox in the church office** ◀

Person Making Request _____	Contact Phone No. _____	Date of Request _____
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EVENT NAME _____	No. Attending _____
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<p style="text-align: center;">BUILDING</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Asbury</td> <td><input type="checkbox"/> Hope</td> </tr> <tr> <td><input type="checkbox"/> Family Life Center</td> <td><input type="checkbox"/> Coke</td> <td><input type="checkbox"/> Trinity</td> </tr> <tr> <td><input type="checkbox"/> Worship Center</td> <td><input type="checkbox"/> Faith</td> <td><input type="checkbox"/> Wesley</td> </tr> <tr> <td><input type="checkbox"/> Sanctuary</td> <td></td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 20px;">ROOM NO.</p> <p style="text-align: center;">_____</p>	<input type="checkbox"/> Education	<input type="checkbox"/> Asbury	<input type="checkbox"/> Hope	<input type="checkbox"/> Family Life Center	<input type="checkbox"/> Coke	<input type="checkbox"/> Trinity	<input type="checkbox"/> Worship Center	<input type="checkbox"/> Faith	<input type="checkbox"/> Wesley	<input type="checkbox"/> Sanctuary			<p style="text-align: center;">Event Day(s)</p> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<p style="text-align: center;">Event Date(s)</p> Start _____ End _____	<p style="text-align: center;">Event Time(s)</p> Start _____ End _____
<input type="checkbox"/> Education	<input type="checkbox"/> Asbury	<input type="checkbox"/> Hope													
<input type="checkbox"/> Family Life Center	<input type="checkbox"/> Coke	<input type="checkbox"/> Trinity													
<input type="checkbox"/> Worship Center	<input type="checkbox"/> Faith	<input type="checkbox"/> Wesley													
<input type="checkbox"/> Sanctuary															

Event Frequency	
<input type="checkbox"/> One-time	<input type="checkbox"/> Monthly
<input type="checkbox"/> Daily	<input type="checkbox"/> Annual
<input type="checkbox"/> Weekly	<input type="checkbox"/> Other

No. of Tables and Chairs Needed

No. of Tables: 5' Round _____ (Max. 8 chairs per table) 8' Rectangular _____ (Max. 8 chairs per table)	Total No. of Chairs: _____
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ROOM SETUP DIAGRAM

Sketch desired setup of tables and/or chairs
(Show enough features of the room to clearly indicate desired orientation of tables and/or chairs)