

HILLTOP CHURCH  
of the Nazarene  
**Facility Use Request & Master Calendar Form**

Name of Event: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Off-site      Off-site location: \_\_\_\_\_ Costs: \_\_\_\_\_  
\_\_\_\_\_ At HillTop      HillTop sponsored event? Yes / No (circle one)

Event Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

End Date: \_\_\_\_\_ (Last day rooms reserved/event on calendar)      ROOM(S): \_\_\_\_\_  
(For recurring events)

Set-Up Details (describe here and/or sketch on reverse): \_\_\_\_\_  
\_\_\_\_\_

Announcement Description: \_\_\_\_\_  
\_\_\_\_\_

Additional Event Notes: \_\_\_\_\_

Est. Attendance: \_\_\_\_\_ Requesting Event to be included in Church Announcements: \_\_\_\_\_ Bulletin: \_\_\_\_\_ Website: \_\_\_\_\_

Main Contact Person's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Back-up Contact Person's Name(required): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteers needed: \_\_\_\_\_ # Volunteers already committed: \_\_\_\_\_ Plan to secure needed volunteers: \_\_\_\_\_

Childcare needed? Yes/No      # of children \_\_\_\_\_ (4 wks notice needed)      Discussed with Director : Yes/No

\_\_\_\_\_ **\*\* Upon Executive Approval, the above information allows the event to be placed on the church calendar & rooms reserved\*\***  
All persons using the kitchen and/or café must adhere to state food service regulations. All persons using the KidVenture room need to follow room rules. Please note that you are responsible for cleaning all areas of the church used for your event *immediately following your event*. Please contact the church office for more information.

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

Date Received: \_\_\_\_\_ Approval: \_\_\_\_\_

Key/Security Code Given to: \_\_\_\_\_ Date Given: \_\_\_\_\_ Custodial set-up: \_\_\_\_\_

Date Input on Calendar: \_\_\_\_\_ Website: \_\_\_\_\_ Scrolling: \_\_\_\_\_ Announcements: \_\_\_\_\_ Bulletin: \_\_\_\_\_ 1 Call: \_\_\_\_\_

Childcare approved: Yes / No      Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

CC: Set up \_\_\_\_\_ Originator \_\_\_\_\_ Dept. Lead \_\_\_\_\_ Exec. Asst. \_\_\_\_\_ Custodial \_\_\_\_\_ Exec. Dir. \_\_\_\_\_ Dir. of Op. \_\_\_\_\_