

HILLTOP CHURCH
of the Nazarene
Facility 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 on calendar) ROOM(S): _____
(For recurring events)

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

***Hilltop does not provide Audio Visual connections to TV/Displays. Please bring connections & test them before event.**

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) Age range: _____ 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*. A minimum of three weeks notice is requested for all events. Church Creative has the option to change or alter all creative supplied. 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: Originator: __ Adm&Ministry Assoc: __ Exec. Asst: __ Custodial: __ Creative: __ Facilities: __ Set up: __ Other: _____