

# Christ Episcopal Church Event Scheduling Form

Today's Date \_\_\_\_\_

**IMPORTANT NOTICE: We require 7-10 business days for the processing of your request. COMPLETION OF THIS FORM DOES NOT GUARANTEE A RESERVATION.** Please contact the church for confirmation (210-736-3132). If you need to cancel your event for any reason, please call the church office (ext 120) so that the appropriate people can be notified. If you wish to have your event publicized through the church, please fill out the **Communications Request Form**.

1. **Event Name:** \_\_\_\_\_  
**Organization/Ministry:** \_\_\_\_\_  CEC  Outside Group  
**Contact Name:** \_\_\_\_\_ Daytime Phone # \_\_\_\_\_
  
2. **Description of Event** (if your event is not for publication, please mark as N/A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. **Please tell us:** the audience for the event, cost to participate, if an RSVP is needed: \_\_\_\_\_  
\_\_\_\_\_
  
4. **Event Date:**  
Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Recurring:  weekly  monthly  yearly
  
5. **Event Times:** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Set Up Begins: \_\_\_\_\_ Clean Up Begins: \_\_\_\_\_
  
6. **Childcare:**  No  Yes If yes, how many children are expected: \_\_\_\_\_ Age range: \_\_\_\_\_
  
7. **Specific Room(s) Requested:** \_\_\_\_\_  
\_\_\_\_\_
  
8. **Room Set Up Requirements**  
**Room Layout:** (please attach a diagram)  
**Furniture:**  Leave As Is  Chairs; How many? \_\_\_\_\_  
 Tables; How many? \_\_\_\_\_  Podium  Other  
**Audio/Visual Equipment:**  Microphone: \_\_\_ standing \_\_\_ cordless hand-held \_\_\_ lapel  
 Projector: \_\_\_ film \_\_\_ slide \_\_\_ overhead \_\_\_ power point  
 TV/DVD  Other Equipment \_\_\_\_\_
  
9. **Kitchen/Food Service:**  No  Yes  
If yes, check boxes below AND contact the Kitchen Manager (210-736-3132 ext 130)  
**Food:**  breakfast  lunch  dinner  snacks/relish tray  
**Beverages:**  None  Iced Water  Iced Tea  Coffee  Other \_\_\_\_\_
  
10. **Financial Information:** Will Christ Episcopal Church fund this event?  No  Yes  
If yes, from which account# \_\_\_\_\_
  
11. **Fees:** due one week prior to event (Please note that any expenses already incurred for the event when it is canceled will still be your responsibility.)  
a) Deposit: \_\_\_\_\_ b) Building Use: \_\_\_\_\_  
c) Equipment: \_\_\_\_\_ d) Staff: \_\_\_\_\_  
e) Catering: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_