



MBBC Calendar Event Request Form

Contact Info

Today's Date: _____

Contact Person: _____ Phone: _____ Email: _____

Event Info

Organization/Ministry Hosting: _____

Event Name: _____ Participant Cost: _____

Description: _____

Room(s): _____ Expected Attendance: _____ Registration Deadline: _____

Please fill out the date(s) & time(s) below based on the type of event:

Single Event

Multiple day or Recurring Event

Event Date: _____

Dates: _____

Time: _____

Times: _____

Rekurs On: Sun Mon Tues Wed Thurs Fri Sat

Event Setup

I DO NOT NEED event setup

Office Use Only

AV Support Approved

Initials: _____

Doors open at: _____

Doors close at: _____

_____ ROUND Tables

Other Requests: _____

_____ 8' Tables

_____ 6' Tables

_____ 4' Tables

A/V Support (*tech support per hour is \$35*)

Sound System

Screens (Worship Center)

Microphone(s)

CD/Cassette

Live Music

DVD will be shown/used

TV/DVD

Overhead projector

Event Promotion

I NEED Event Promotion

I DO NOT NEED event promotion

Childcare (*for church related events only*)

I DO NOT NEED childcare

Office Use Only

Childcare Approved

Initials: _____

Names & ages of children need to be given to the Children's Director three (3) days prior the event. Childcare will open 15 minutes prior to event start.

Approx. # of Children Expected: _____ Age Range of Children: _____

Will children need to eat a meal during the event? No Yes (bring their own) Yes (meal provided)

Office Use Only

Approved Date: _____ By: _____

Not Approved

Notes: _____

