CHURCH MINISTRY SCHEDULING FORM	
Today's Date: Member's Name	
Which Team Purpose	
Schedule or change existing MEETING or CLASS	
Date(s)TimeLocation Requested	
Make recurring Recurring Start date End date	
RESCHEDULE	
ONE TIME All Future Occurances	
Check all that apply:  DATE  DAY OF WEEK  TIME  LOCATION  OT	HER
From From From From	
To To To To	
<u>Schedule EVENT</u>	
Name of Event	
Event Contact CellEmail	
Event Date <b>Start</b> Time <b>End</b> Time	
Setup Date Time Tear down Date Time	
Setup and Tear down that <i>can not</i> be accomplished on M-F between 8am-Noon is the team's responsibility to	
take care of. You can arrange for the church sexton to be here after hours and/or weekends; however, they will need to be compensated from the event budget.	
Location(s)	
Fellowship Hall Kitchen Other	
Oberholtzer Sanctuary Offsite at	
Requirements for Event	
Request sexton for on fromto	
and also on from to	
For special set-up - Complete page 2 - Event Setup Form	
Childcare Requested - Complete request on page 3 (Request requires 3 weeks advanced notice)	
For Childcare please print page 4 and for the team to distribute to parents (check box when complet	ed)
(Children attending ESUMC childcare for the first time need to complete this Health/Medical release form page 4)	
Online Registration is requested - Complete request on page 5 (Request Requires 3 weeks advanced notice)	
A registration fee of \$ per will be collected. (Print page 6 for collection procedure	
Audio/Visual Resources requested - Complete request page 7 (Request requires 2 weeks advanced noti	ce)