

# ALC Facilities Usage & Church Calendar Request

**Date of Request** \_\_\_\_\_  **Revised Request** (check only if original request has changed)

Event Name: \_\_\_\_\_ Ministry Dept: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Staff/Program Director for this Request: \_\_\_\_\_

**Day(s) of Event:**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Date(s) of Event (please list month and date):** \_\_\_\_\_

**Occurrence:**  One-time only  Daily  Weekly  Monthly  Other \_\_\_\_\_

**Time:** Start : \_\_\_\_\_ A.M./P.M. End : \_\_\_\_\_ A.M./P.M. Please have church/room available by: \_\_\_\_\_ A.M./P.M.

**Attendance:** Anticipated Attendance: \_\_\_\_\_

## AREA REQUESTED:

Narthex  Sanctuary  Library  Parlor  Music  A-7 (Downstairs)  Nursery

Fellowship Hall  All  F-1  F-2  F-3  Kitchen

Activity Center  All  A-1  A-2  A-3  A-4  Downstairs Kitchen

Education Wing  B-1  B-2  B-3  B-4  B-5  B-6  B-7

**Room Arrangement/Set-Up** (Please diagram specifics on separate sheet; subject to space and availability of resources)

**Theater** (Rows of chairs, no tables) Number of Rows: \_\_\_\_\_ Number of Chairs per Row: \_\_\_\_\_

**Classroom** (Tables with chairs in rows) Number of Rows: \_\_\_\_\_ Number of Chairs per Table: \_\_\_\_\_

**Banquet** (Rounds) Number of Tables: \_\_\_\_\_ Number of Chairs per Table: \_\_\_\_\_

**"U" Shape** (Chairs:  inside  outside  both) Number of Tables: \_\_\_\_\_ Number of Chairs per Table: \_\_\_\_\_

**Big Square** (Chairs on the outside) Number of Tables: \_\_\_\_\_ Number of Chairs per Table: \_\_\_\_\_

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

## TECH NEEDS:

**Equipment:** (Subject to availability of resources)

Music Stand  Podium  Stool  Projection Screen  Other \_\_\_\_\_

**Audio/Visual:** (Subject to availability of resources)

TV  VCR  DVD  Laptop  Projector (Type \_\_\_\_\_)

PowerPoint – do you need technician? (Available only to ALC groups)  Yes  No  Other: \_\_\_\_\_

**Sound:** (Subject to availability of resources and personnel)

Microphone(s) Type \_\_\_\_\_ Number \_\_\_\_\_  Other \_\_\_\_\_

Sound Tech (please describe need): \_\_\_\_\_

## CHILD CARE:

 (Subject to availability of resources)

ALC child care services and facilities are not available for community/non-member groups. See child care policies for complete guidelines. Child care requests will be verified with the Ass't. Director of Children's Ministry prior to approval; may incur charges.

Time child care begins: \_\_\_\_\_ Time child care ends: \_\_\_\_\_ (usually 15 minutes prior to and following event)

Number of children attending in each age category: \_\_\_\_\_ 0-3 years \_\_\_\_\_ 4-6 years \_\_\_\_\_ 7+ years

\_\_\_\_\_ unknown but anticipate \_\_\_\_\_ children (provide number)

If food is served with the event, food needs for children need to be discussed and finalized with the Ass't. Director of Children's Ministry.

**FOOD SERVICES:** (For ALC groups only, subject to availability of resources) Are you requesting Food Services?  Yes  No

Are you using a caterer?  Yes  No Are you cooking in the kitchen?  Yes  No Are you using the kitchen only to store/serve food?  Yes  No

**\*\*Volunteers are to be provided by the requesting group to assist with setup, serving, and/or cleanup as deemed necessary per event by the Food Services Coordinator: JAIME ORTIZ: (562) 231-8014 (text preferred) or [insurancepro714@gmail.com](mailto:insurancepro714@gmail.com).\*\* INITIAL \_\_\_\_\_**

Please indicate a budget amount:  \$ \_\_\_\_\_ per person or  \$ \_\_\_\_\_ for the entire event

Notes and special requests: \_\_\_\_\_

Groups using the kitchen are responsible for returning kitchen to original condition, including cleaning and the storing of equipment. INITIAL \_\_\_\_\_

**Outside Group:** Arrangements must be made with the Director of Administration and the Food Services Coordinator prior to an outside group using the kitchen facilities.

