

## ACTIVITIES SCHEDULING FORM

NSPC wishes to encourage and to be responsive to your ideas and event scheduling and therefore ask that you complete the following information and return it to the church's office administrator so that it can be routed to the best Commission or Committee to work with you. This is necessary for the availability of the facility and other calendared events taking place in our church as well as an accounting of funds needed and/or collected.

EVENT:

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PROPOSED DATE AND TIME:

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FACILITY NEEDS:

SOCIAL HALL \_\_\_\_\_ LOUNGE \_\_\_\_\_ KITCHEN NEEDS \_\_\_\_\_

TABLES \_\_\_\_\_ CHAIRS \_\_\_\_\_ KEY \_\_\_\_\_ OTHER \_\_\_\_\_

ESTIMATED BUDGET: \_\_\_\_\_ COSTS OF:

FOOD SERVED: \_\_\_\_\_ SELF FUNDED: \_\_\_\_\_

DECORATIONS: \_\_\_\_\_ USE OF COMMISSION \_\_\_\_\_

PAPER PRODUCTS: \_\_\_\_\_

ADVERTISING: \_\_\_\_\_

ANTICIPATED NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_

PLEASE INDICATE IF THE FOLLOWING WOULD BE REQUIRED:

REGISTRATION NEEDED: \_\_\_\_\_

BULLETIN INSERTS: \_\_\_\_\_

NSPCONNECTIONS: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_ (Applicant)                      DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ (Pastor)                              DATE: \_\_\_\_\_

ACCEPTED: \_\_\_\_\_ (Commission)                      DATE: \_\_\_\_\_

*For office Use Only:* \_\_\_\_\_  
(Date Completed)

\_\_\_\_\_  
(Event Coordinator)

*revised 8/08*