



## FACILITIES WORK ORDER/SET UP REQUEST FORM

### **Mission Statement**

The Fellowship Of The Fountains (FOTF) exist to be a fellowship of families by faith to change the world through Christ as living water by equipping people as instruments of healing and living as disciples of Christ.

### **PROCEDURES FOR SCHEDULING ACTIVITIES AND/OR FACILITIES:**

1. Complete the form below and include as much information as possible. Please call \_\_\_\_\_ if you have any questions.
2. Return the completed form to the church receptionist at least two weeks before the event.
3. Work Orders are not considered approved until a signed copy is returned to you.

<b>YOUR NAME:</b>		<b>MINISTRY/DEPARTMENT:</b>	
<b>PHONE:</b>	<b>ADDRESS:</b>		<b>TODAY'S DATE:</b>
<b>BUILDING:</b>		<b>EVENT DATE:</b>	
<input type="checkbox"/> Worship Center		Beginning: ____/____/____	
<input type="checkbox"/> _____ (identify location of room)		Ending: ____/____/____	
<input type="checkbox"/> _____ (identify location of room)		<b>DAY OF THE WEEK:</b>	
<input type="checkbox"/> _____ (identify location of room)		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	
<input type="checkbox"/> _____ (identify location of room)		<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
<input type="checkbox"/> _____ (identify location of room)		<input type="checkbox"/> Sunday	
<b>EVENT NAME AND GIVE A BRIEF DESCRIPTION:</b>		<b>TIME:</b>	
_____		Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
_____		Ending Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
_____		Set up Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>REQUEST AND SPECIAL INSTRUCTIONS (Describe set-up to be done in detail)</b>		If this is a standing request, indicate all dates you will not be meeting with the with the requested dates: _____	
_____		_____	
_____		_____	
<b>ROOM SET-UP DRAWING:</b>		<b>SPECIAL EQUIPMENT NEEDED:</b>	
_____		<input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> OVERHEAD	
_____		<input type="checkbox"/> OTHER: _____	
_____		_____	
<b>OTHER MEDIA EQUIPMENT:</b>			
All other media equipment (mics, sound, etc) must be requisitioned from the Media Office. Please note that it is your responsibility to contact them and make arrangements for media and/or sound equipment and services.			
<b>SPECIAL INSTRUCTIONS – FOR OFFICE USE ONLY:</b>			
_____			
Date Received:		Approved By:	Date: