



ALL EVENT FORM

*Complete entire form and submit to the Receptionist in the church office a minimum of **four (4) weeks prior** to the event. Please keep a copy of your Event Form to verify information submitted.*

Name of Event: _____

Date(s) of Event: _____

Actual Start Time: _____ AM PM Actual End Time: _____ AM PM

Ongoing Event? _____ If so, give details: _____

Contact Person 1: _____ Phone: _____

Contact Person 2: _____ Phone: _____

E-mail(s): _____

Publicity Requirements

Write 2-3 sentences highlighting the major point of this event (i.e., what would inspire a person to attend?):

All events automatically receive advertising in the following formats: Sunday bulletin, PowerPoint slide, posters, FirstChurchOKC.com, all-church e-mail.

Options (please check): *Some options do require added expense and must be budgeted by event planners.*

- Postcard/special mailing Lobby Sign-up Table Tickets PSA
 Special Brochure Other: _____

Please contact Director of Communications, Laura Alfonzo at 405.239.6493 if you require other outside or specialized media. Please e-mail logo artwork in .JPG format to lalfonzo@firstchurchokc.com .

Childcare Requirements

How many children will attend? _____ Approximate Age Range? _____

Contact the Director of Children’s Ministries for any additional information.

Calendar Requirements

Access Building by: _____ AM PM Expected Ending Time: _____ AM PM

Room Choice #1: _____ Room Choice #2: _____

Number of People Expected: _____ Number of Tables: _____

Number of Chairs: _____

Ongoing events require ALL information requested above and information in this section.

Ongoing Event Frequency: _____

From Date: _____ Through Date: _____

Excluding these Dates: _____

Person responsible for unlocking/locking building: _____

Options: (please check)

Round Tables Rectangle Tables Podium Sound System Operator

Mic/Stand Lights/Operator Screen TV/VCR/DVD

Money Bag Dry-Erase Board Security Overhead Projector

Church van(s)? if so, number needed: _____ Do you have a FC certified driver? _____

Name of FC Certified Driver _____

Contact Kirk Norman at 405.239.6493 or knorman@firstchurchokc.com with any questions/special requirements.

PLEASE USE SPACE BELOW (or additional sheet) TO DIAGRAM SETUP PREFERENCES.