

New Covenant Function Form

Conflict No Conflict
Date Received: _____
Received by: _____



**You will be contacted once your form has been approved and processed.
DO NOT Continue planning your event until you have received
NOTIFICATION OF APPROVAL.**

Date Submitted: _____
Contact Name: _____ Phone: _____
Set Up Person: _____ Clean Up Person: _____
Ministry/Dept: _____ Purpose: _____
Pastoral Leadership: _____ Expected Attendance: _____

FUNCTION DATE: _____ **DAY:** Mon Tues Wed Thur Fri Sat Sun

One time Function
 Recurring: weekly monthly Other: _____ End Date: _____
Bldg. Access time: _____ am pm Event Start Time: _____ am pm
Event End Time: _____ am pm Bldg. Exit Time: _____ am pm

SOUND NEEDED (Must attach an AV form)
Contact George Deck Jr. by phone & email.
 PROJECTION NEEDED (info on A/V form)
Contact Dave Momberger by phone & email.

ROOMS REQUESTED

SANCTUARY GYM SOCCER FIELD
 LOBBY NURSERY COURTYARD
 PRAYER ROOM MUSIC ROOM OFFICE MTG. ROOM
 CLASSROOMS: _____ FAMILY ROOM * clean up sheet KITCHEN *clean up sheet

ALL THE ROOMS in the buildings are now kept locked, you may need a key for the area(s) requested.

I have keys I need keys for: _____

For Office Use Only

Conflicts with: _____
 Conflicting person contacted - Date: _____
 Resolution Reached: _____
 Enter event as PENDING in database (once no conflict)
 Sound needed ?? - ATTACH A/V Form
 NOTIFIED Contact Person – approval / denial _____
(date)

CHANGED "Pending" to "Approved" in database
 COPY given or sent to Contact Person
 COPY given to Maintenance
 Kitchen/Family Rm Clean-up CHECKLIST attached
 CONTACT Gary Nye with date of function if cloth linens are approved.
 ALL steps completed-Recpt. Initials: _____

Church Business Coordinator Only

Updated: 6/22/2010 -DD

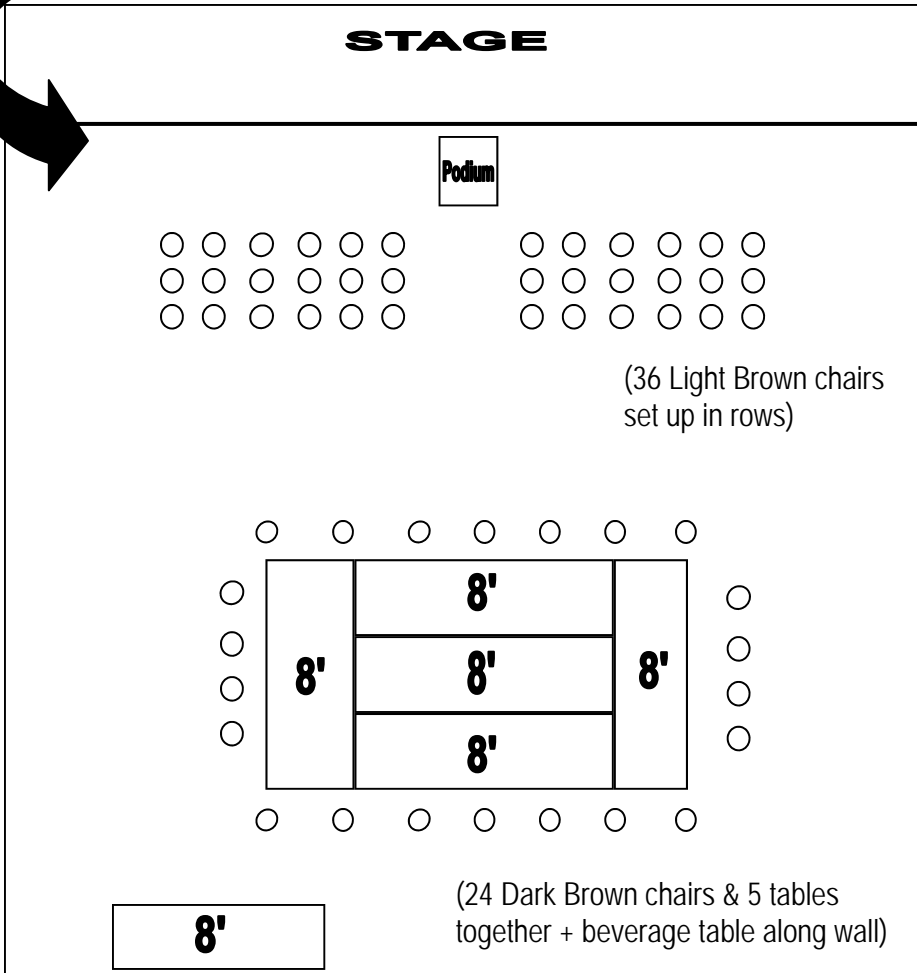
KEYS _____
 Linens Approved Beverage Bar Approved
 Approved by: _____ Date: _____

KITCHEN & FAMILY ROOM USE

IMPORTANT: Each ministry or person is RESPONSIBLE FOR THEIR OWN ROOM SET UP & CLEAN UP.

Max. seating: 125 Max. standing: 200

You MUST return the room to this set up.



Important Info

Equipment locations:

- Round tablesRm 31
- Linen table cloths*Rm 31
- Linen Napkins*Rm 31
- Long tablesRm 14
- ChairsRm 14
- Beverage bar*Rm 14

*MUST HAVE APPROVAL-DEPOSIT REQUIRED



You will need to request KEYS to access rooms 14 & 31, also The Family Room itself.

Please make sure that everything you use is returned to it's proper place and the room is set up as shown.

Diagrams available for other room ideas!

Are Decorations Being Used?

Do not hang or pin anything onto the drapes.
To fix anything to the walls, you must use **Sticky Tac ONLY! (no tape or pins)**

Questions? Please call our office at (716) 877-9882

These items are available for use with any function. However, ALL items you use MUST be washed, dried, & returned to their original storage places. Please check items you will be using:

- | | | |
|--|--|---|
| <input type="checkbox"/> Coffee Pot(s) -ask for instructions | <input type="checkbox"/> Serving Utensils | <input type="checkbox"/> Cooking Pots & Saucepans |
| <input type="checkbox"/> Thermal Coffee Carafes | <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Linen Table cloths** |
| <input type="checkbox"/> Pitchers | <input type="checkbox"/> Serving Trays | <input type="checkbox"/> Linen Napkins** |
| <input type="checkbox"/> Chafing Dishes | <input type="checkbox"/> Stove/Oven | <input type="checkbox"/> Beverage Bar** |
| <input type="checkbox"/> _____ Round Tables | <input type="checkbox"/> _____ Long Tables | <input type="checkbox"/> _____ Chairs **must have approval |

Items Available for NC Functions ONLY

Expected Attendance: _____

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Regular Coffee # of cups: _____ | <input type="checkbox"/> Cold Cups | <input type="checkbox"/> Hot Cups | <input type="checkbox"/> Plastic Forks |
| <input type="checkbox"/> Decaf Coffee # of cups: _____ | <input type="checkbox"/> Dinner Plates | <input type="checkbox"/> Bowls | <input type="checkbox"/> Plastic Spoons |
| <input type="checkbox"/> Creamer, Sugar/Sweeteners, Stir Sticks | <input type="checkbox"/> Dessert Plates | <input type="checkbox"/> Napkins | <input type="checkbox"/> Plastic knives |
| <input type="checkbox"/> Long Paper Tablecloths | <input type="checkbox"/> Round Paper Tablecloths | | |