

EVENT REQUEST FORM

Please complete this form **60 DAYS** prior to an event. Thank you.

Event Information

Today's Date: _____ Event Date(s): _____

Start Time: _____ End Time: _____

Start Setup Time: _____ End Cleanup Time: _____

Event Name: _____ Description: _____

Area(s) Requested: Sanctuary Fellowship Hall Kitchen
 Green Room Conference Room Other: _____

Estimated Attendance – Adults: _____ / Children: _____ Estimated # of Cars in Parking Lot: _____

Are you serving food or drinks? _____ A/C or Heat needed? Which room(s)? _____

Contact Information

Name of Organization / Group: _____

Island View Event Coordinator / Ambassador: _____

This person will be responsible for all administrative details, including reading our "Facility Use Guidelines", filling out and signing forms, scheduling cooling or heating, and overseeing the setup, carryout and cleanup of the event. This includes ensuring the building is accessible when needed and secured after use.

Home Phone: _____ Cell Phone: _____ Email: _____

Contact Person for Outside Group: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Insurance Carrier for Church / Organization: _____

Any person, company, or church conducting business on the grounds of Island View must have General Liability Insurance verified by an active certificate of insurance. If regularly using the facility, Island View Baptist Church, Orange Park, FL should be named as additional insured and given 30 days written notice of cancellation.

Setup Information

Furnishings/Equipment: Chairs / #: _____ Round Tables / #: _____ 6 Ft Rect. Tables / #: _____
(You can draw a sketch on the back of this page to guide in general setup.) Television: _____ DVD Player: _____ Extension Cord: _____
 Other / More Detail: _____

For use by IVBC office:

Event approved by: _____ Date: _____ Calendared COI received Custodian A/C req A/C prog Lock/unlock plan

Refundable security deposit owed: \$ _____ Paid: \$ _____ / _____ Refunded: \$ _____ / _____

Non-refundable deposits and fees owed: \$ _____ Paid: \$ _____ / _____ Paid: \$ _____ / _____ Paid: \$ _____ / _____

Sound Technician: _____

Notes: