

Activity Request Form

For use by RCC Staff & Ministry Leaders



Original Request **Revised Request** (i.e. Date/Room Change, Revision from Calendar Planning Mtg)

Owner/Admin: _____ Today's Date: ____/____/____
 Department: _____ Phone #: _____
 Email: _____

BASIC EVENT DETAILS **Location: LAF WL ESP ATT ONLINE**

Event Name: _____ Recurring Dates: _____
 Event Date(s): _____ Excluded Dates: _____
 Event Time: _____ to _____ am/pm Budget: In Budget Not in Budget
 Description: _____

Core Value of Event: Know God Find Freedom Discover Purpose Make Waves

ROOM REQUEST

Auditorium Fellowship Hall Theater
 Lobby Kitchen (FH) Arcade
 Loft Gym Nursery/Pre-K Room #s _____
 Conference Rm Kitchen (gym) Kids' Min Room #s _____
 LG Room #s _____ Other: _____

Set up/Tear down: _____ to _____ am/pm

<p>SETUP</p> <p><input type="checkbox"/> Default Setup <input type="checkbox"/> _____ 6ft w/ _____ chairs/ea <input type="checkbox"/> _____ 8ft w/ _____ chairs/ea. <input type="checkbox"/> _____ round w/ _____ chairs/ea. <input type="checkbox"/> _____ extra trash cans <input type="checkbox"/> black table cloths</p>	<p>EQUIPMENT</p> <p><input type="checkbox"/> _____ handheld mics <input type="checkbox"/> Passport/Portable audio <input type="checkbox"/> Video/screen <input type="checkbox"/> sound/tech person from _____ to _____ am/pm <input type="checkbox"/> Other _____</p>	<p>Details: (Include diagram if applicable)</p>
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OFF SITE ACTIVITY

Address: _____
 Travel Time: _____ to _____ AM/PM

Bus (32) - CDL req. Personal Vehicle(s)
 Short Bus (16) - CDL rec.
 Driver(s): _____
 Driver app(s) on file: YES / NO

ARF TEAM USE ONLY

Communication Tier: _____

_____ Entered in CCB
 _____ Added to Excel

*Do not advertise details before approval. Childcare must be arranged by event owner.
 **Clean-up, tear-down, and trash removal are the responsibility of the event owner.
 ***Driver app still needed for personal vehicle

Version 6, updated 10/14/24