

TUPC CALENDAR FORM

Date Submitted:		
Submitted By:		
Event Name:		
Event Description (5-10 words):		
Number Attending:		
Dept:	<input type="checkbox"/> Admin <input type="checkbox"/> Adult <input type="checkbox"/> Care <input type="checkbox"/> Children <input type="checkbox"/> College <input type="checkbox"/> Community <input type="checkbox"/> Compass	<input type="checkbox"/> Evangelism <input type="checkbox"/> Family <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Mission <input type="checkbox"/> Worship & Music
Category:	<input type="checkbox"/> TUPC In-House Event <input type="checkbox"/> TUPC Sponsored <input type="checkbox"/> TUPC Affiliated <input type="checkbox"/> Community <input type="checkbox"/> Weddings/Memorials/Family Celebrations	<input type="checkbox"/> All-Church Event <input type="checkbox"/> Events over 50 people <input type="checkbox"/> Billable Event
(Check all that apply)		
Viewed by:	<input type="checkbox"/> Staff Only <input type="checkbox"/> Website	
TUPC Staff Contact:		
Event Contact:		
Phone: ()		
Email:		
Location (off campus)		
Address:		
City:	State:	Zip:

Event Date/Time Range		
Event Date From:		Overnight Event <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Date To:		
Start Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
End Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Setup Time:		Minutes
Cleanup Time:		Minutes

Reoccurrence Pattern			
<input type="checkbox"/> All	<input type="checkbox"/> Sun	<input type="checkbox"/> Jan	<input type="checkbox"/> Jul
<input type="checkbox"/> 1st	<input type="checkbox"/> Mon	<input type="checkbox"/> Feb	<input type="checkbox"/> Aug
<input type="checkbox"/> 2nd	<input type="checkbox"/> Tue	<input type="checkbox"/> Mar	<input type="checkbox"/> Sep
<input type="checkbox"/> 3rd	<input type="checkbox"/> Wed	<input type="checkbox"/> Apr	<input type="checkbox"/> Oct
<input type="checkbox"/> 4th	<input type="checkbox"/> Thu	<input type="checkbox"/> May	<input type="checkbox"/> Nov
<input type="checkbox"/> 5th	<input type="checkbox"/> Fri	<input type="checkbox"/> Jun	<input type="checkbox"/> Dec
<input type="checkbox"/> Last	<input type="checkbox"/> Sat		
<input type="checkbox"/> Every Other			



Registering for Event on Website

Yes, let them register for the event as a whole. Yes, let them register for each date of the event separately.
 No, do not let them register for this event.

Text Description of Event (25 word limit)

Please check rooms needed for your event

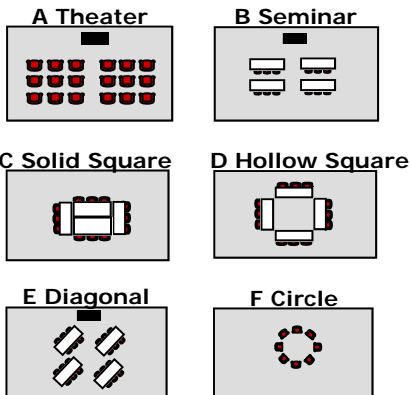
Meeting/Classrooms			Large Meeting Halls	Sanctuary
<input type="checkbox"/> 101 Classroom <input type="checkbox"/> 102 Classroom <input type="checkbox"/> 103 Classroom <input type="checkbox"/> 201 Classroom <input type="checkbox"/> 203 Classroom <input type="checkbox"/> 303 Classroom <input type="checkbox"/> 304 Classroom <input type="checkbox"/> 305 Classroom	<input type="checkbox"/> 401 <input type="checkbox"/> 402 <input type="checkbox"/> 405 <input type="checkbox"/> WELL <input type="checkbox"/> Conference Room <input type="checkbox"/> Fireside Room	<input type="checkbox"/> 500-A <input type="checkbox"/> 500-B/C <input type="checkbox"/> 501 <input type="checkbox"/> 502 <input type="checkbox"/> 503 <input type="checkbox"/> 504 <input type="checkbox"/> 505-A <input type="checkbox"/> 505-B	<input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Fellowship Hall with rooms 500 A,B,C <input type="checkbox"/> Munzing Hall <input type="checkbox"/> Munzing Small Kitchen	<input type="checkbox"/> Bride's Room <input type="checkbox"/> Choir Room <input type="checkbox"/> Sanctuary
				Patio Tables
				Number of Patio Tables _____ Location _____

Outside Areas	Parking (340)	Support Services	Vehicles
<input type="checkbox"/> 300 Fenced Grass Area <input type="checkbox"/> Basketball Court <input type="checkbox"/> Volleyball Court <input type="checkbox"/> Early Childhood Patio <input type="checkbox"/> 400 Kilgore Patio <input type="checkbox"/> Kilgore Patio BBQ	# _____	<input type="checkbox"/> Billable Event Form <input type="checkbox"/> Child Care <input type="checkbox"/> Kitchens <input type="checkbox"/> Patio Tables <input type="checkbox"/> Photographer	<input type="checkbox"/> Van 1 (Spotlight) (Wheelchair lift. 12 passengers. With wheelchairs, seats 7 plus driver.) <input type="checkbox"/> Van 2 (MegaVan) (24 Passengers plus driver. Plus luggage area)
			How many passengers?
			Name of Driver (Must be on Trinity's Approved Driver List)
			What type of trip is this? (deputation, social, camp, etc.)

Room Setup Instructions

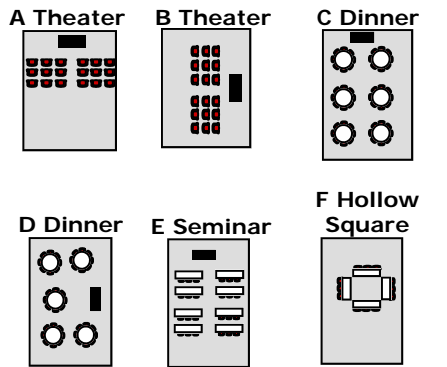
Please circle the setup from the choices below. Please include any special instructions here. A more detailed form is available from the Church Receptionist if you need further information.

Meeting/Classroom Setups



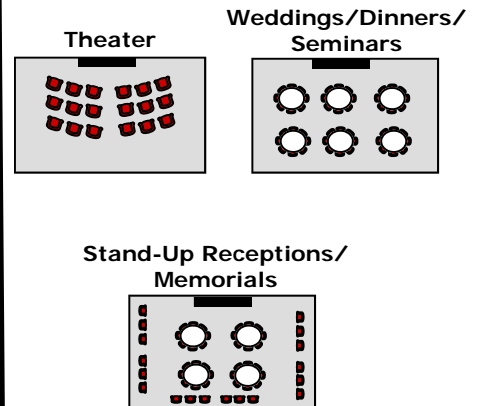
NOTE:
 Munzing Hall w/o Fireside
 Round Tables max is 120
 Theatre max is 100

Munzing Hall Setups With Fireside



NOTE:
 Munzing Hall with Fireside
 Round tables max is 160
 Theatre max is 130

500 Fellowship Hall Setups



NOTE:
 Round tables w/o A,B,C, max is 256
 With A,B,C, max is 352
 Theater w/o A,B,C max is 250
 Theater with A,B,C, max is 450

Audio / Visual

Events requesting an excess of two (2) microphones require the presence of a trained sound technician and are subject to approval and usage fees. A fee schedule is available. Please contact Charlie Walker at smile@charliewalker.com.

Which piece of equipment will you need?

- AV Cart (PowerPoint / DVD / Projector / Computer)
- Overhead Projector
- Podium
- Projection Screen (Portable)
- TV / VCR / DVD
- Microphone
- Video Projector
- Munzing Hall Console
(sound board, computer, DVD, CD)

Sound technician will be assigned for the following:

- FH Rolling Console
(sound board, computer, DVD, CD, projector, screens)

What type of microphone and how many do you need?

- Lapel Mike # needed _____
- Hand-held Mike # needed _____
- Ear Mike: FH _____ MH _____ Sanctuary _____

- Need custodian to move equipment to room?

Who will be operating equipment?

Name and phone/email of contact person (required)

Please describe the nature of use for each piece of equipment; eg, PowerPoint; DVD movie, background music for soloist, etc.

SUPPORT SERVICES

Kitchens

A trained hostess must be present at every event using the kitchen. A fee schedule is available. Please discuss this with Martha Kroona - marthakroona@cox.net or 714.832.6116.

Name and phone/email of contact person (required)

Please select kitchen you will need: 500 Kitchen
 Munzing Large Kitchen

Are you cooking? Yes No
Will you cater food? Yes No
Will you serve coffee? Yes No

Please select: China plates/glassware
 Paper goods & disposable table service
 Linens

Special Instructions:

Child care

Do you need childcare for this event? Yes No

Have you completed the "Request For Childcare" form? Yes No

(Note: Event will be approved only after form is received.)

Number of children needing care: _____ Ages of children & number per age: _____

Contact Person with phone number and email (mandatory for childcare)

Photographer

Eric Slay requires payment of \$200 per hour with a one-hour minimum per event. Please discuss and confirm date/time and fee with Eric @ eslaydog@hotmail.com or 714.744.4330. Fee will be billed to Department checked on page 1 of this form.

Approval _____ (initials)

Contact Name with email and phone #:

Date and time requested for photography:

Special Instructions: