



ABOUT YOUR EVENT

Event name _____

Description _____

Location (if off campus) _____

Online registration requested? Yes No Registration fee \$ _____ Number of people expected to attend _____

CONTACT INFORMATION

Trinity staff member responsible for event _____

<p>Contact person available during event (if different)</p> <p>Name _____</p> <p>Email _____</p> <p>Phone _____</p>	<p>Form submitted by (if different)</p> <p>Name _____</p> <p>Email _____</p> <p>Phone _____</p>
---	---

DATES, TIMES & RECURRENCES

<p>Is this an overnight event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DATE(S)</p> <p>Begins _____</p> <p>Ends _____</p> <p>TIME</p> <p>Begins _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Ends _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>SETUP TIME REQUIRED BEFORE EVENT</p> <p>_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours</p> <p>TEARDOWN TIME REQUIRED AFTER EVENT</p> <p>_____ <input type="checkbox"/> Minutes <input type="checkbox"/> Hours</p>	<p>If this is a recurring event, describe the recurrence pattern, or provide specific dates and times if appropriate.</p>
--	---

Office Use Only	<input type="checkbox"/> Staff only <input type="checkbox"/> Public	Facility fee \$ _____	Parking spaces _____	Date received _____
------------------------	---	-----------------------	----------------------	---------------------

DESIRED SPACES

Not all spaces allow custom configuration options, and requests are not guaranteed. We will contact you if we have any questions, concerns, or problems regarding your event request. For detailed descriptions of spaces listed below, ask the staff member assisting you with calendaring this event for a Staff Guide to Spaces & Vehicles and/or Trinity Campus Map.

100 Building

- Room 100 (Kindergarten)
- Room 101 (1st Grade)
- Room 102 (2nd Grade)

200 Building

- Field
- Room 201 (Activity Room)
- Room 203 (3rd Grade)
- Room 204 (4th Grade)
- Room 205 (5th Grade)

300 Building

- Lodge
- Plaza
- THE CENTER
- The Center Kitchen *

400 Building

- Backyard
- Rec Room
- The HUB
- WELL Room

500 Building

- FELLOWSHIP HALL
- Fellowship Hall Kitchen *
- Room 500-A
- Room 500-B
- Room 500-C
- Room 501
- Room 502
- Room 503
- Room 504
- Room 505-A
- Room 505-B
- Samaritan Care Center

600 Building

- Choir Room
- Family Room
- Sanctuary

700 Building

- Fireside Room
- MUNZING HALL
- Munzing Hall Kitchen *

Early Childhood Building

- Early Childhood Patio
- Early Childhood Playground
- Purple Room
- Blue Room
- Green Room
- Red Room
- Yellow Room

Meeting/Conference Rooms

- Admin Conference Room
- Meeting Room 1
- Meeting Room 2
- Meeting Room 3
- Meeting Room 4
- Prayer Room

DESIRED SETUP / CONFIGURATION FOR ALL SPACES

May be continued on final page of this form if needed. Check here if continued.

* KITCHEN DETAILS (A paid Trinity Kitchen Host may be required, with a fee assessed.)

Describe how you will use the kitchen _____

If you are using cooking equipment, who is in charge of cooking? _____

Email _____ Phone _____

AUDIO/VIDEO RESOURCES *

- | | | |
|--|-----------------------|----------------|
| <input type="checkbox"/> Audio/Video Cart | quantity needed _____ | location _____ |
| <input type="checkbox"/> Television Cart | quantity needed _____ | location _____ |
| <input type="checkbox"/> Podium | quantity needed _____ | location _____ |
| <input type="checkbox"/> Microphones | | |
| <input type="checkbox"/> Handheld | quantity needed _____ | location _____ |
| <input type="checkbox"/> Lapel | quantity needed _____ | location _____ |
| <input type="checkbox"/> Ear | quantity needed _____ | location _____ |
| <input type="checkbox"/> Munzing Hall Projection System | | |
| <input type="checkbox"/> Sanctuary Projection System | | |
| <input type="checkbox"/> Fellowship Hall Sound Board Projection System | | |
| <input type="checkbox"/> Fellowship Hall Backstage Rack | | |
| <input type="checkbox"/> Fellowship Hall Music Equipment | | |

Which specific music equipment do you intend to use? _____

* For ANY A/V equipment selected above, who will operate the equipment? _____

Email _____ Phone _____

VEHICLES *(All drivers must be preapproved.)*

- | | |
|---|--------------|
| <input type="checkbox"/> Van 1 - Class B license and Trinity advanced training required.
Seats 29 passengers plus driver. Additional luggage area. | Driver _____ |
| <input type="checkbox"/> Van 3 - Class B license and Trinity advanced training required.
Seats 24 passengers plus driver. Additional luggage area. | Driver _____ |
| <input type="checkbox"/> Van 4 - Class C license and Trinity advanced training required.
Seats driver plus 8 passengers. Approved staff/drivers 24 yrs
and older may drive, with 8 or fewer passengers. With Class B
license, maximum increases to 11 passengers plus driver. | Driver _____ |
| <input type="checkbox"/> Van 5 - Class C license and Trinity advanced training required.
In addition to driver, seats 7 passengers and 2 wheelchairs, OR
8 passengers and 1 wheelchair. | Driver _____ |

DESIRED SERVICES *(Additional fees apply, and expenses must be preapproved by staff member regulating the affected budget.)*

- | | |
|--|-----------------------|
| <input type="checkbox"/> Kitchen Host | Name (if known) _____ |
| <input type="checkbox"/> Sound Board Projection System Operator | Name (if known) _____ |
| <input type="checkbox"/> Childcare <i>(Childcare Request Form also required. See staff member assisting you with this request if you need a form.)</i> | |

PATIO TABLES

- | | | |
|---------------------------------------|-----------------------|----------------|
| <input type="checkbox"/> Patio Tables | quantity needed _____ | location _____ |
|---------------------------------------|-----------------------|----------------|

Space for additional notes or information is provided on the back of this page. Check here if you have included additional notes.

ADDITIONAL NOTES OR INFORMATION