

Today's Date _____ Day & Date of Event _____

ARF - ACTIVITY REQUEST FORM

Event _____
Start Time _____ End Time _____ Expected Attendance _____
Ministry _____ Leader _____
Leader Email _____ Cell _____
Cost \$ _____ RSVP To _____ by _____
Location (building, room / offsite) _____ Time you need access _____
Need a key? _____ Contact your Staff Liaison _____

ALL DETAILS (including Guest Speakers) Must Be Provided Here For Approval:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | KITCHEN (supplies requested) _____
Name of person in charge of food prep _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | MULTI MEDIA REQUEST (sound, projection...) _____
Notify Adam Lewandowski asap adaml@oakgrovebaptist.com |
| <input type="checkbox"/> | <input type="checkbox"/> | TABLES & CHAIRS _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | CHILDCARE REQUEST Contact the Church Office asap _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | *TRANSPORTATION (Van 1 Van 2 Van 3 / Personal Vehicles (please specify))

*DRIVERS: Copy of License & Insurance REQUIRED & given to the office
Name _____ Current Copies on file: Yes No
Drivers must notify Richard Weih asap richard@oakgrovebaptist.com
Complete vehicle inspection checklists, refill gas & group responsible for cleaning interior |
| <input type="checkbox"/> | <input type="checkbox"/> | PERMISSION FORM _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | PUBLICITY REQUEST (Bulletin / Slide / Grove News / Website / Other _____)
Dates / quantity requested _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | REQUEST IF AVAILABLE: <input type="checkbox"/> Security Safety Support <input type="checkbox"/> Parking Lot Team Support
<input type="checkbox"/> Usher - Greeter Support <input type="checkbox"/> Medical Team Support |

Signature of Person Making Request _____

Entered Church Calendar _____ Date _____
Staff Approval _____ Date _____
2nd Staff Approval _____ Date _____