

Wesley UMC Event Planning

Office Use Only

Contacted Applicant ____
Recorded on Calendar ____
Notified Coordinator ____
Date ____
Initials ____

EVENT DETAILS

Name of Event: _____

Date(s): _____

Time(s): _____

Contact Person: _____

Phone: _____ Email: _____

Secondary Contact: _____

Phone: _____ Email: _____

LOGISTICS

Date of Setup: _____ Time of Setup: _____

Have you contacted the church office and spoken with the Administrative Coordinator? ___ Yes ___ No

Will you open and close the church building? ___ Yes ___ No ___ Event will take place during normal office hours

Who will open and close? _____

Will you need Wesley to set up? ___ Yes ___ No

And take down? ___ Yes ___ No If "No," who will set up and take down? _____

Which room(s) will you need? ___ Gathering Place ___ Parlor ___ Kitchen ___ Sanctuary ___ Chapel

DETAILS

Number of people expected: _____

of Round tables: _____ # of Rectangle Tables: _____ # of Chairs: _____

If Wesley is providing setup assistance, please attach a diagram or detailed description of how you wish the space to be arranged.

AUDIO/VISUAL NEEDS

___ Sound System ___ Podium ___ Gathering Place Stage ___ Microphone(s) ___ Projection System

Gathering Place: Front Screen or Side Screen? _____ Using wireless or HDMI Computer Hookup? _____

Do you have a Wesley-trained A/V person? ___ Yes ___ No If "Yes," who? _____

If you need Audio or Visual, and do not have someone trained on the A/V equipment, a Wesley A/V specialist will be assigned to your event for a fee of \$25.00.

HOSPITALITY

Check here if Wesley will provide hospitality ____ (If you are providing your own hospitality, please fill out the below section)

Who will be your door greeter(s)? _____

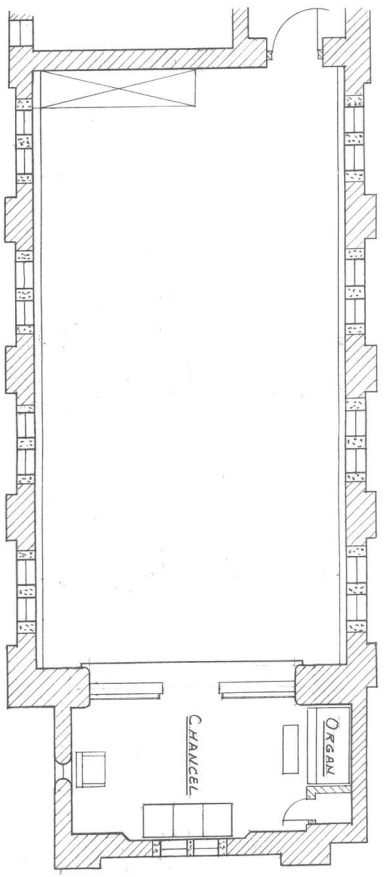
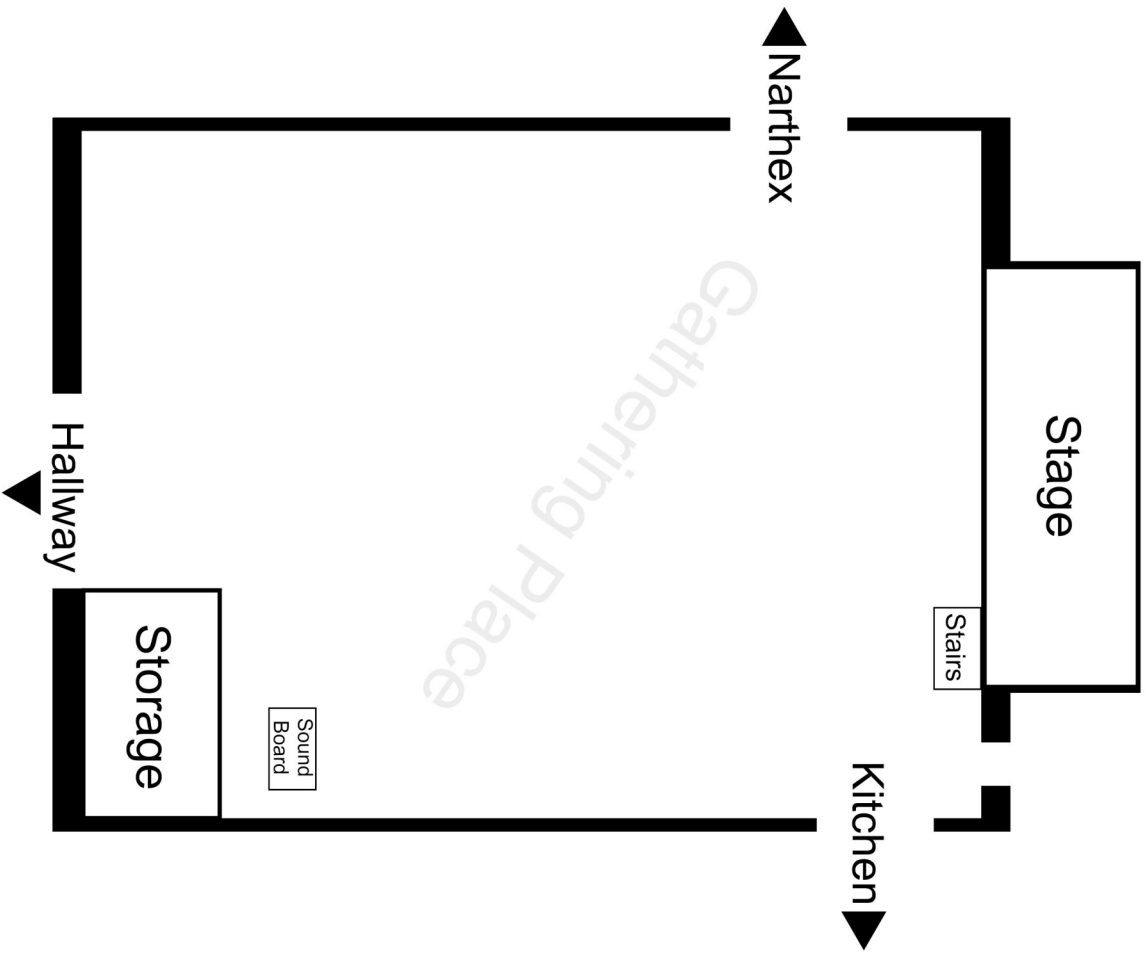
Please note, doors may not be propped open without an attendant by the door.

Parking lot attendant(s) _____

Elevator lift attendant(s) _____

Will you provide refreshments? ___ Yes ___ No

Do you need childcare provided? ___ Yes ___ No



CHAPEL
1/4" = 1'-0"

