

## **FACILITY SCHEDULING FORMS**

### **Forms:**

1. Weekly, Monthly, Quarterly, and Multi-day Use Scheduling Form
2. Single Day Event Scheduling Form

### **Procedure:**

The Church Council adopted a comprehensive policy on Facility Use and Scheduling in December of last year. The document lays out a detailed process for scheduling both one-time and recurring events. One aspect of the process is a master scheduling calendar that is maintained by the Church Office Manager, which allows scheduling events as far as three years in advance. The yearly cycle was chosen to run from September 1 to August 31 in order to match the Church's normal programming. As part of an Annual Planning Process, inputs from each group (those that are part of SLC and outside groups) are needed by August to provide not only for the third year out, but also to identify updates for the two years that have already been included on the master schedule. Since this is the first year for the three year scheduling process, inputs for the next three years will be entered for the first time. It is expected, of course that new items will be entered throughout the year as they are identified; however it is important for each group to input both their standard, recurring events and known one-time events during the annual process which must be completed by August.

The Facility Use and Scheduling Policy document contains detailed forms for groups to officially request spaces and specify the details of their needs as well as provide points of contact, establish costs if applicable, etc. These forms require signatures of agreement to the terms. Attached are two abbreviated forms for making input to the Master Schedule during the annual scheduling process in lieu of the more detailed Facility Use and Scheduling forms which are also required to be completed by the time specified in the policy document.

## Form 1 for Weekly, Monthly, Quarterly, and Multi Day Use (Scheduling Reoccurring Events, Meetings)

Name of Organization / Group Requesting Space: \_\_\_\_\_

Purpose of Activities to be conducted:

\_\_\_\_\_  
\_\_\_\_\_

Size of group expected to normally attend (a range is OK):

\_\_\_\_\_

Point-of-Contact (Custodian of Church Key if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Email: \_\_\_\_\_

Evening \_\_\_\_\_

### Dates and Times Requested

(e.g., second Tue. of each Month from Sep. until end of May):

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Start Time (Including set-up if applicable): \_\_\_\_\_

End Time (Including take-down and clean-up): \_\_\_\_\_

### Room(s) Requested

- |  |  |
|--|--|
| <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Kitchen – Fellowship Hall     |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Kitchen – Gathering Place     |
| <input type="checkbox"/> Gathering Place | <input type="checkbox"/> Class Room(s) Number of Rooms |

\_\_\_\_\_

or Specific Room(s) \_\_\_\_\_

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Room 4    | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> SLC Study |                                  |

### FORM 2 Scheduling for Single Day Use

Name of Organization / Group Requesting Space: \_\_\_\_\_

Purpose or Activities to be conducted:

\_\_\_\_\_  
\_\_\_\_\_

Number of People Attending (a range is OK): \_\_\_\_\_

Point-of-Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Email: \_\_\_\_\_

Evening \_\_\_\_\_

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**Dates:**

Date(s) Requested: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Start Time (Including set-up): \_\_\_\_\_

Will setup be done earlier than the event, i.e. day/night before?  Yes  No

(If yes, then when \_\_\_\_\_)

End Time (Including take-down and clean-up): \_\_\_\_\_

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**Room(s) Requested:**

- |  |   |
|--|---|
| <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Kitchen – Fellowship Hall              |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Kitchen – Gathering Place              |
| <input type="checkbox"/> Gathering Place | <input type="checkbox"/> Class Room(s) Number of Rooms<br>_____ |
|  | Or Specific Room(s)<br>_____                                    |
| <input type="checkbox"/> Room 4          | <input type="checkbox"/> Nursery                                |

SLC Study