

EVENT SCHEDULING FORM (ESF)

Use this form to request a date be added to the communications calendar for an event or to reserve a room or large group area. The form will be taken to our weekly staff meeting to ensure that there are no competing events. Our Admin Assistant will let you know as the event is approved and that there are no competing events.

Event Information			
Date(s):	Times:	AM/PM to	_ AM/PM
Building access needed	AM/PM to	AM/PM (if different from abo	ve)
Event Name: Is this a church-related activity	? 🗆 Yes 🗆 No		
Location: On Campus – Roor	n:		
☐ Off Campus — Loca	ition:		
Announcement wording/content:			
Is there a graphic associated with	this event/announcen	nent □ Yes □ No	
If there is an announcement, plea	ise send that graphic to	o office@onechurchjaxbeach.com	
Contact Information			
Event Coordinator Name:		Cell #:	
Email:			
Staff Member consulted:			
Number of guests expected to att	end the event?		
Do you need: Key? ☐ Yes			
		eaving the facility ready for Sunday, tables and chairs to the closet. Do r	
Children must be supervised		e not permitted to use LifeGroup ved for the event listed.	classrooms or any other
Signature:			
Office Use Only:			
Received:; Approve applicable):;	d:; Comm	nunications Calendar:; We	ebsite and Facebook (if
Confirmation Email Sent			