



## **Operations Support Request**

Ministry Name: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Date & hours of Event: \_\_\_\_\_ Projected Attendance : \_\_\_\_\_

Rooms Required \_\_\_\_\_ Seating/table arrangement required for each location (Please attach schematic of desired layout for each room).

Is electrical required? Yes/No Is C.O.O.K.S. Ministry support required? Yes/No. If yes, please provide detail of support needed. \_\_\_\_\_

Is Hospitality/Usher Support Required? Yes/No. If yes, please identify which or both and explain type and hours support is needed. \_\_\_\_\_

Is AV/IT or Photography support required? Yes/No If yes, please identify which or both and detail type of support and hours needed. \_\_\_\_\_

Is support required from the Music Ministry? Yes/No. If yes, please provide detail information describing support and hours needed. \_\_\_\_\_

Is support required from the Dance Ministry? Yes/No. If yes, please provide detail information describing support and hours needed. \_\_\_\_\_

Is support required from the Security Ministry? Yes/No. If yes, please provide detail information describing support and hours needed. \_\_\_\_\_

Is support required from the Health & Wellness Ministry? Yes/No. If yes, please provide detail information describing support and hours needed. \_\_\_\_\_

Is support required from the Marketing Ministry? Yes/No. If yes, please provide detail information describing support needed. \_\_\_\_\_

Will you require special parking lot or parking needs? Yes/No. If yes, please describe and provide as much detail as possible. \_\_\_\_\_

Please provide additional information about your event which will be helpful in making your event a success.

**Ministry Event Coordinator's Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Tel. # :** \_\_\_\_\_