

Event Request Form

Organizer Information

Event Organizer _____

Event Organizer Phone # _____ Email _____

Is the Event Organizer a Shiloh Member/Regular Attendee? _____

Assistant Leader _____

Asst. Leader Phone # _____ Email _____

Event Information

Name of Event _____

Date of Event _____

Set Up Start Time _____ Clean Up End Time _____

Event Start Time _____ Event End Time _____

Purpose of Event _____

Target Audience _____ Estimated Attendance _____

Rooms/Facilities Requested (please check all requested)

Requested	Locations	Shiloh Members/ Regular Attendees	Non-Members/ Non-Attendees	
	<i>Oasis</i>	No charge	\$300	
	<i>Sanctuary</i>		\$300	
	<i>Fellowship Hall and/or Kitchen</i>		\$200	
	<i>Nursery</i>		No charge	
	<i>Rooms 1, 2, 3, 4, 5, 6, or 7</i>		No charge	
	<i>Pastor</i>		\$100	
	<i>Sound Technician</i>		\$250	
	<i>Custodian</i>		\$200	
	TOTAL DUE			
	<i>Damage Deposit (returned if no damages occur)</i>			\$200

Note: Half of the total fee plus the damage deposit must be received at the time of reservation to confirm the event date. The remainder will be due prior to the event.

Additional Equipment Needed (tables, chairs, sound equipment, etc.) _____

Please give any additional details about your event. _____

All events must be approved by the Pastor before being added to the calendar.

Pastor Signature _____ Date _____