



Calendar Request Form

MCMURRAY GOSPEL ASSEMBLY

101.10 Main Street, Fort McMurray, AB T9H 2G7
Welcome HOME! P. (780)743-2446 F. (780) 791-2443

TODAY'S DATE: _____

Please Print

Please complete the information below for consideration by our staff in consultation with MGA's calendar and priorities.

A decision and any stipulations will be forwarded to your E-mail address.

Requestor's Information

Name: _____ Daytime Phone #: _____

E-mail: _____

Event Information

Event Name: _____ For Which Ministry? _____

Date(s) of Booking

(Include Day of Week ie. Sat, Jan. 5, 2008)

START TIME: _____ END TIME: _____

Setup Date/Time: _____ Teardown Date/Time: _____

Rehearsal Date/Time (if applicable): _____

Please list 2 alternate dates if the day(s) above are unavailable:

1) _____ 2) _____

Recurrence: (circle) Never Daily Weekly Monthly Annually Recurrence End Date: _____

Area(s) Requested (please check by any required):

Off Site Location: _____

PLEASE SPECIFY

Main Level

Main Auditorium Green Room Lobby

Upper Level

Counseling Office Video Room

Lower Level

Lower Auditorium Kitchen Resource Room

Cabin Room Classroom 2 Nursery

Parking Lot Side

Middle

Street Side

Is this a meeting that could take place in a pastor's office if necessary (less than 6 people)? Y / N

Does this event require a pastor's attendance/involvement? Y / N

If yes, which pastor(s)? _____

Resources (Check Any Requirements)

Keys (in conjunction with MGA lockup procedure) / Person responsible to access/lock up building? _____

Access to decorating resources/table cloths (Our decorating coordinator will be in contact with you)

Chairs - # _____ Tables - Rectangle # _____ Tables - Round # _____

Technical Needs

Instruments Needed: _____

Mics (Speaker/Singer) please choose one: Headset Hand-Held

Lighting (list special lighting needs): _____

Portable Sound System (**please request an Equipment Booking Waiver**)

Projection Needs

Worship Songs

PowerPoint (provide on CD or on USB memory stick)

Video Clips (please indicate how video clips will be provided) _____

For Promotional Purposes

The following is required for Advertising and Information Desk Purposes.

Indicate who will be invited/expected to attend (age range/ gender/ ministry specifications): _____

Indicate the registration/sign up process (ticket/signup sheet/registration form/cost/deadline): _____

Conflict Check

Office Checked Calendar? Y / N

Office Initial _____

Conflicting Events

| Event | Room | Time |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Coinciding Events

| Event | Room | Time |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Pastoral Authorization

Darren Aucoin _____ Robert Parmenter _____

Glen Forsberg _____ Gordon Ponak _____

Staci Gil _____ Phil Sovdi _____

What action(s) would you like taken in light of the above conflicts? / COMMENTS: _____

Approval

Entered by: _____

[] Entered _____

Date

[] Confirmation Sent _____

Date

[] Resource Contacts Made _____

Date

Weddings

Payment Received

| | |
|--|--|
| _____ / _____ / _____ | |
| Date Method of Payment Initial | |

\$150 Facility Fee

| | |
|--|--|
| _____ / _____ / _____ | |
| Date Method of Payment Initial | |

\$80 Marriage Preparation Course

Date Method of Payment Initial