



MCMURRAY GOSPEL ASSEMBLY

10110 Main Street, Fort McMurray, AB T9H 2G7  
Welcome HOME! P. (780)743-2446 F. (780) 791-2443

# Calendar Request Form

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     GF Office     Lobby/Deck     Parking Lot

#### Upper Level

Counseling Office     Video Room

#### Lower Level

Lower Auditorium     Kitchen     Decorating Room

Kinder Kids Room     Nursery     Spare Room     Toddler Room (formerly cabin room)

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

Sound Person

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**

Glen Forsberg \_\_\_\_\_ Robert Parmenter \_\_\_\_\_

Staci Gill \_\_\_\_\_ Gordon Ponak \_\_\_\_\_

Jonathan Lambert \_\_\_\_\_ 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