

West County Assembly of God - Calendar & Room Request Form

Contact Person: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Event Title/Purpose/Description: _____

Event Date: _____ Event Start & End Times: _____

Anticipated Set-up Time & Date: _____

Anticipated Clean Up Time & Date: _____

Room(s) Requested: _____

Anticipated number in attendance: _____

Facility Set-up Needs:

❖ Sound/Audio/Video Equipment/System ____ No ____ Yes (if yes, you must fill out sound form)

❖ Number of tables:

Round (seat 8) _____ 6 ft. banquet _____ Number of chairs at tables _____

❖ Number of chairs: _____ (lecture style)

❖ Other needs: _____

Is the event open to the general public? ____ No ____ Yes Is there an admission fee? ____ No ____ Yes

Who is the target audience/group _____

Will food be served? ____ No ____ Yes Caterer/Cook(s) _____

Childcare plan: _____

Responsibilities: please provide the names and phone numbers of those responsible for the following:

❖ Opening the building: _____

❖ Closing/locking the building: _____

❖ Set-up: _____

❖ Tear-down & clean up: _____

❖ Is an access card required? ____ No ____ Yes Card #: _____

(office use only)

Please read the Facilities Guidelines on the back of this form and sign and date it. The office manager or church administrator will confirm your date after the next staff meeting. Events and dates will not be on the official church calendar until this request has been confirmed. For more information or questions, contact Joan Newton. 314-434-1058 ex. 6 or joan-n@wcag.org.

West County Assembly of God – Sound/Video Event Checklist

Contact Person: _____ Today's date: _____

Event Title: _____

Event Date: _____ Start & End Times: _____

Room(s) Requested: _____

SOUND SYSTEM REQUESTED – please specify quantity required to equip your event. Other than the sanctuary, a basic system will consist of an audio cart with a mixer and CD player, 2 speakers on stands and the number of requested microphones.

Vocal microphones _____ Microphone stands _____

Wireless Lavalier (2 available) _____ Wireless Hand-Held (1 available) _____

Cassette player/recorder _____ VCR/DVD Player _____

PowerPoint Computer _____ Video/Data Projector _____

Other (please specify type and quantity) _____

PERSONNEL – please specify if you have a need for light, sound or video technicians*

You must make arrangements for the following personnel, except for a regularly scheduled service in the sanctuary. Our office manager or church administrator can help you with scheduling techs.

Light (sanctuary only) _____ Sound _____ Video/PowerPoint _____

Do you require techs to be available for pre-event rehearsal(s)? If so, list dates and times:

Materials you will provide (e.g., recorded CD's, cassette, VHS tapes, DVDs, PowerPoint files, etc.)

For more information or questions, contact Pastor Louie, 314-434-1058 ex. 3 or louie-s@wcag.org or contact Dale Puls, (314) 420-0501.

*Only trained personnel may run the sanctuary sound system. Operators who are not familiar with the portable equipment will need a short training session before use.

West County Assembly of God – Facilities Guidelines

- ❖ The contact person listed on the Calendar and Room Request Form must be present during the event. If this will not be the case, please also specify who will be the contact person during the event.
- ❖ No smoking, alcohol, obscenities or animals (except physical need animals) are permitted on the premises.
- ❖ If you have an event with food, the kitchen must be reserved on the Calendar and Room request Form. You must provide all of your food. Any food or supplies in the freezer or refrigerators are there for other events. Please take any leftovers with you, we have limited refrigerator space.
- ❖ You must be responsible for the oversight of the facility being used and the people in it. In addition, all children must be under adult supervision.
- ❖ Any childcare plan utilizing our nursery must adhere to the guidelines of the nursery. Please contact Becky Benedek (636) 227-9057) for these guidelines. Our church policy is that all nursery and children's volunteers at WCAG have had background checks. We adhere to this policy without exception in order to do our best to insure the safety of all our children.
- ❖ Please inform our office manager or church administrator of any damage, missing property or problems encountered in using the facility.
- ❖ Please notify the office manager of changes to and/or cancellation of this request.
- ❖ WCAG shall be held harmless for any physical injury and/or damage to or loss of personal property during the event. For some events, liability insurance or an insurance policy rider will be necessary.
- ❖ The following fees (checks made payable to WCAG) may apply. These fees may vary, based upon your event needs:

➤ Facilities Use Fee (non-WCAG members only)

- Sanctuary - \$400.
- Faith Center Dining Room - \$175.
- Christian Life Center Dining Room - \$150.
- Kitchen - \$50. (can only be used in conjunction with another room)
- Classroom - \$25.

➤ Custodial/set-up fee (all) for Saturday events that end after 5:00 PM - \$25.-50., depending on the size of the event.

➤ Sound/video Personnel (all) - \$25.-\$75. depending on the length of the event
A \$50.00 deposit will be required with this form to reserve the date and room.

❖ Your checklist. Before you leave, you must:

- ✓ Set-up the room for the next event (if appropriate)
- ✓ Clean up. All garbage should be taken to the dumpster.
- ✓ Return all equipment to its proper location.
- ✓ Remove all signs used.
- ✓ Turn off lights and AC/heat (if appropriate)
- ✓ Lock doors (if applicable)
- ✓ Return the access card to the church office (if appropriate)

I have read the above guidelines and agree to abide by them. I understand that this facility has been built for the glory of God and all of us are responsible for maintaining it to the best of our ability.

Signature: _____ Date: _____

Office Use Only

Request Approved: _____ Date: _____

Calendar Updated: _____ Date: _____

Payment Received: _____ Date: _____

Access Card Returned: _____ Date: _____