

OAPC Scheduling Form

Event will not be confirmed for the calendar until approved.

Date: _____

The OAPC Calendar may be viewed on our website: www.oapc.net.

Submitted by: _____

New _____ Revised _____ Cancel _____

Activity/Event

Sponsored by: _____

*contact who agrees to be present at event:

Name: _____, Ph. _____;

email: _____

Location(s) and # participating
(or destination of vehicle)

Audio/Visual (staff only)

camera(s) _____

lcd projector _____

laptop _____

Vehicle Request

Bus _____ Van _____

Driver(s) _____

(approved drivers only)

_____ Verified on approved driver list

Food Service

Food purchase _____

Food preparation _____
(complete back of form)

Calendar Request

Event Name: _____ Event Date ____/____/____ OR

Date Range: ____/____/____ to ____/____/____/

Every: Mon Tues Wed Thurs Fri Sat Sun
(circle one)

Time of Event: Starting: _____ Ending: _____

Time needed for Set-up: _____(min) Time needed for Break-down/clean-up: ____ (min)

Location Desired (spaces/room #'s): _____

Event Description/Notes: _____

Facility Access Request

(Appropriate doors will be scheduled to unlock 15 minutes before the event begins and will lock 15 minutes after the event starts. If more or less time is needed, please indicate here:

for office use only:

date entered on calendar ____/____/____ door schedule: _____ (unlock) _____ (lock)

Notes:

1/6/2012

Room Set-up (show entry door) – Special Instructions

of chairs: _____ # of tables: (round _____ (rectangular) _____

Request for Food Purchase and/or Preparation

In order to allow adequate time for preparation, please check below and have in Pat Conner's box within the time frame indicated below.

Requesting: _____ food purchase (7 days notice) _____ food preparation for less than 50 (14 days notice)

Sponsoring Committee: _____ Event Date and Time: _____

Contact: _____ Phone: _____

Location: _____ Number Attending: _____

Type of Meal: _____

Clean-up: Sponsoring Committees are responsible for clean-up after the meal.

Food Purchase (list items & quantities):

Food Purchases should be left at (Fellowship Hall, Activities Center): _____

Fee(s)

Contact Responsible for fees: Name: _____ Phone: _____

Address: _____

Applicable Fee(s)

Area Reserved: _____

Reservation Deposit: Due by: _____ Amount Due: _____ Amount Pd: _____

Security Deposit: Due by: _____ Amount Due: _____ Amount Pd: _____

Maintenance Fee: Due by: _____ Amount Due: _____ Amount Pd: _____

Security Deposit Returned: Date: _____ Check No. _____

Questions:

Please contact Louise in the Church Office at 803-327-2006, ext. 279, or email lkerr@oapc.net.