

OUMC

Osceola United Methodist Church

office use

11- _ _ _ _

Event and Communication Request Form

Event: _____

Event Coordinator: _____

Phone Number: _____

Email: _____

Submission Date: _____

What Ministry is this event associated with: _____

Attendees: _____

Event Date(s): _____

Start time: _____

End time: _____

(Don't include setup time)

*Will this activity affect participants' attendance in worship and /or Sunday School? Yes No

*Is this a fundraising event? (All fundraising events need Finance Committee approvals.) Yes No

*If you are a group who regularly uses our building or property, we must have a copy of your current insurance policy on file.
Have you provided this? Yes No

Set-up details: Date: _____

Start time: _____

End time: _____

Details: (who is participating, costs for participants, special needs, expected outcomes)

VAN USAGE: Will you need a van for transportation? Gas Van Diesel Van Both Vans

DRIVER: Please list approved drivers here:

If Off site: list facility name and address:

Facility / Equipment needs: (if submitting electronic document, please replace boxes with an "X".)

Building Needs	Instrument Needs	A/V/S Equipment Needs
<input type="checkbox"/> Sanctuary <input type="checkbox"/> Kitchen <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Parlor room <input type="checkbox"/> Reception room <input type="checkbox"/> Middle School room <input type="checkbox"/> Classroom <input type="checkbox"/> Youth room <input type="checkbox"/> Other Location <input type="checkbox"/> Offsite _____	<input type="checkbox"/> Organ <input type="checkbox"/> Piano <input type="checkbox"/> *Electronic Keyboard <input type="checkbox"/> *Drums <input type="checkbox"/> *Percussion	<input type="checkbox"/> TV / VCR / DVD (circle) <input type="checkbox"/> TV / Game System-Youth room <input type="checkbox"/> *Video Projector-portable <input type="checkbox"/> *Overhead Projector-Sanctuary <input type="checkbox"/> *Microphone (circle) Wireless, Pulpit, Lectern, Vocal <input type="checkbox"/> *Instrument Microphone What instrument _____ <input type="checkbox"/> *Direct input(s) _____ for _____

* If you are requesting anything with an asterisk, you must hire someone from the OUMC tech team. Please contact Laurie Coffel.

Room Reservation Only

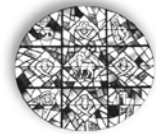
Communication Only

Room and Communication Needed

Audio/Video/Sound Desired

Request Approved Yes No **Reason, if no:** _____

Date _____



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Communication Plan: Before meeting with Vicki, write up the advertisement copy (w/ pictures as needed)

Week of Sunday						
	Mat'l Comm Due Out	Mat'l Comm Due Out	Mat'l Comm Due Out	Mat'l Comm Due Out	Mat'l Comm Due Out	Staff Person in charge
Community						
Web Page						Vicki
Web Page signup						Vicki
Front sign						Janet Keller
Radio						
Newspaper						
Mass Mailing						
OUMC Family						
Rolling Slides						Laurie C
Bulletin						Vicki
E-News						Vicki
Pulpit						Bob
Drama skit						Barb S
Poster w/ sign up						Vicki
Poster 8-1/2 x 11						Vicki
Poster 11 x 17						Vicki
Targeted Mailing						Vicki
Event name tags						
Print Material - other						Vicki
Newsletter						Must submit via e-mail by deadline
Targeted E-mail						Vicki
Welcome book						Jeff
Multimedia product						Laurie C

Office Manager Comment Area/Special Instructions: