



9800 Lottsford Road  
Mitchellville, MD 20721  
Phone: 301.955.1142

## Ministry Event Request Form

☐ New Request ☐ Revised Request <> Please email completed form to: [rmcfadden@woodstreamchurch.org](mailto:rmcfadden@woodstreamchurch.org)

Is this Request for a ☐ Function or a ☐ Meeting (skip Section 3) Date:

### Section 1: Ministry Contact Information

Ministry Name & Contact Person:

Cell Phone:  E-Mail:

### Section 2: Event Details

Event Type:  Estimate Number of Guests:

Event Date of Use Option #1:  Event Date of Use Option #2:

Event Start Time:  ☐ a.m. ☐ p.m. Event End Time:  ☐ a.m. ☐ p.m.

Event Room/Area Requested: Option #1:

Event Room/Area Requested: Option #2:

Rooms/Areas: Worship Center, fellowship hall, atrium, music hall, conference room, library, classroom, parking lot

Please acknowledge the requirements below with your initials:

☐ No food/liquids in worship center or music hall

☐ Rooms must be cleaned after use and returned to original condition and layout

Is it an indoor or outdoor event? ☐ Indoor ☐ Outdoor Will food be served? ☐ Yes ☐ No

Is the EVENT approved in the Church Budget? ☐ Yes ☐ No

Purpose of event, explain:

Event theme:

### Section 2: Event Detail Confirmation

Woodstream Admin Confirmation Signature:  Date:

Event/Activity Approved By:  Church Budgeted Amount Available: \$

Event Date Approved:  Event Location Approved:

### Section 3: Event Planning Tasks

*The Events and Hospitality Ministry (E/H) provides a one point of contact communication thread for all partners involved in assuring events are kingdom centered and customer service focused to encourage participants. The type of assistance provided by E/H is based on the experience and specific needs of the ministry sponsoring the event. Each event sponsoring ministry **MUST have an Event Committee** (workers) who will carry out various event tasks.*

Event Committee Formed: ☐ Yes ☐ No      Number of Committee Members:

**What tasks do you anticipate require E/H assistance?**

☐ NO E/H Assistance Anticipated ...**GO TO & COMPLETE Sections 4 & 6**; E/H will provide proceeding instructions

**CHECK ALL THAT APPLY:**

- |   |   |
|---|---|
| <input type="checkbox"/> Formulating event plan, tasks, and timelines | <input type="checkbox"/> Decor and Design Suggestions |
| <input type="checkbox"/> Developing event management & monitoring     | <input type="checkbox"/> On-site Staffing             |
| <input type="checkbox"/> Vendor (s) Selection Management              | <input type="checkbox"/> Day-of Coordination          |
| <input type="checkbox"/> Catering and Menu Planning                   | <input type="checkbox"/> Post-Event Evaluation        |
| <input type="checkbox"/> Event Marketing and Promotion                | <input type="checkbox"/> LIST OTHER TASKS             |
| <input type="checkbox"/> RSVP Management                              |   |

**Provide any other information or questions you would like to discuss:**

**An E/H representative will reach out to you regarding this event and at this stage, it is not necessary to complete the remainder of this form. However, feel free to do so if the information requested in Sections 4 & 6 is readily available.**

**Please email form to: [rmcfadden@woodstreamchurch.org](mailto:rmcfadden@woodstreamchurch.org)**

### Section 3: Event Planning Confirmation

Woodstream EH Confirmation Signature:       Date:

EH Event Staff Assigned-Name:

Cell #:       Email:

#### Section 4: Audio/Visual Services Requested

*Note: Monetary charges for audio/video services will vary based on event.*

Will the event require Audio/Video services? ☐ Yes ☐ No

Microphones? ☐ Yes ☐ No number of mics

Videotape? ☐ Yes ☐ No

VCR? ☐ Yes ☐ No

DVD? ☐ Yes ☐ No

Multimedia Screens? ☐ Yes ☐ No

PowerPoint? ☐ Yes ☐ No

Livestream: ☐ Yes ☐ No

#### Section 4: Audio/Visual Confirmation

Woodstream AV Confirmation Signature:  Date:

Event AV Staff Assigned-Name:

Cell #:

Email:

#### Section 5: Security Services – Security Use Only

Type of Security staffing for event:

☐ Visitor Management System

☐ Access Control

☐ Surveillance (manual & camera)

☐ Emergency and Evacuation Plan

☐ Parking Control

☐ Other:

#### Section 5: Security Confirmation

Woodstream Security Confirmation Signature:  Date:

Event Security Staff Assigned-Name:

Cell #:

Email:

#### Section 6a: Facility Set-up Request

Set-up requested? ☐ Yes ☐ No

Tables requested: Round Tables #  Rectangle Tables #  Chairs Requested #

*Please use layout space on next page to indicate the tables and chairs arrangement.*

#### Section 6: Facility Confirmation

Woodstream Facility Confirmation Signature:  Date:

Event Facility Staff Assigned-Name:

Cell #:

Email:

Section 6b: Facility Layout/Design

Please use this layout to indicate the desired arrangement of tables and chairs.  
Print this page to manually complete the layout desired or use the separate “Facility Layout Design” Word file to copy and paste the icons to diagram the desired room layout.

ICONS

Round Tables #



Rectangle Tables #



Chairs #



### Ministry Signature

Ministry Contact Signature:

Date:

### Event/Hospitality Signature

Request Accepted: ☐ Yes

☐ No

☐ Pending:

Event/Hospitality Signature:

Date:

### Approving Official Signature

Certificate of Insurance:

Request Approved: ☐ Yes

☐ No

☐ Approved with Revisions :

Church Official Signature:

Date: