ODPC Event Request Form

Form must be turned in 6wks prior to event date and are subject to the ODPC Event Policy

If you would like to complete this form online, please scan the code below

Event Name:					
Start Date of Event:/ Day of Week:					
End Date of Event:/ Day of Week:					
Is your event recurring? Yes No Weekly Monthly Yearly					
ls your event a multi-day event? Yes No Days: M T W Th F S Su					
What is your event time?:AMPM To:AMPM					
Rooms/Spaces/Areas Requested:					
If requesting the LFLC: # of tables # of chairs per table: Chairs only #					
Set up time:: AM PM Clean up time:: AM PM					
Contact for Event: Phone:					
Email:					
Event contact is responsible for all event setup, cleanup, and room restoration. Special setups or Buildings and Grounds Team support is only allowed in the Lyerly Family Life Center, requires approval, and depends on availability.					
Is this event off campus? Event address:					
ODPC Does not provide support for off campus events.					
Will your event collect funds? If yes, must email our Financial Admin at cthompson@odpc.org					
Does your event need promotion? Yes No If yes, turn sheet over					
Describe your event:					
Does your event have other support needs, like Audio/Visual, Automated Doors, etc?					
Yes No If yes, turn sheet over					

Promotional Requests:						
☐ Promotion from Pulpit and in Bulletin ☐ Posters ☐ Sign Up Sheets						
☐ Promotion on ODPC'S Website, App, & Social Media						
Audio & Video Requests:	Support Requests:	Automated Doors Requested:				
 ☐ Tech Training ☐ TV and/or DVD player ☐ Video Projector ☐ P/A System ☐ Hand or Land Miss 	□ Safety Team□ Custodial Staff*□	□ Welcome Center - Front□ Welcome Center - Back□ Hall / North Entrance□ Office				
☐ Hand or Lapel Mics☐ Music		Time:	to:	_AM	PM	
Indicates that this option may require special approval or fee. For Office Use Only:						
Approved by:						
□ Session □ Senior Pastor □ Financial Administrator □ Discipleship						
□ Building & Grounds Team □ Media Director □ Kitchen Team □ Childcare □ Safety Team						
Approved by Executive Assistant to Pastor:						
Date:/ Initial:						
Added to Master Calendar: Yes No						
Annual Approval: Yes No If Yes, Date of Renewal://						
Signed for Annual Approval:						