

Ministry Function & Media Announcement Form

Function Coordinator Contact Information

Ministry Name _____
Leader's Name _____
Address _____
City _____ State _____ Zip Code _____
Best Phone # _____
Email _____

Lead/Staff Member Responsible

Name _____

**This form is required by the first of the month. It must be received at least a minimum of three weeks before date needed.
Send to Deborah at
receptionist@eccspringfield.org**

Function Details

Function Name _____ Number Attending _____

Function Date _____ Start Time _____ End Time _____

Early Access _____ Early Access _____ Early Access _____ Early Access Reason _____

Date (if needed) _____ Time In _____ Time Out _____

Is Function Recurring? Yes _____ No _____

Indicate Day(s) of Week Needed: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Recurrence Start Date _____ Recurrence End Date _____

Publication/Media Info

List in Bulletin? Yes _____ No _____ If Yes, then: Bulletin Start Date _____ Bulletin End Date _____

Friday Connect? Yes _____ No _____ If Yes, then: FC Start Date _____ FC End Date _____

Facebook? Yes _____ No _____ If Yes, then: FB Start Date _____ FB Remove Post _____

Website Banner? Yes _____ No _____ If Yes, Banner Start Date _____ Ban. Remove date _____

Media Text

List on Public Calendar on Web Site: Yes _____ No _____ (Must be approved by lead/staff member)

Sign Up Sheet: Yes _____ No _____ Deadline to Register _____

Function & Media Announcement Form

Equipment Required *indicate the quantity needed)*

Round Tables _____ Sound System _____
 Long Tables _____ Mic.Stand _____
 Chairs _____ TV/DVD _____
 Podium _____ Projector _____
 Microphone _____ Coffee Pots _____

Personnel Needed

Sound Technician _____ Video Tech _____
 Presentation Tech _____ Video Director _____
 Video Editor _____ Traffic Police _____
 Security _____ Admin Assistant _____

Room Requested

___ Sanctuary	___ Rm 101	___ B8	___ Gym A
___ Sanctuary Lobby	___ Rm 102	___ B9	___ Gym B
___ Chapel	___ B 1	___ B10	___ Rm 201
___ Fellowship Hall	___ B2	___ B11	___ Rm 202
___ Kitchen	___ B3	___ B13	___ Rm 204
___ Library	___ B4	___ B14	___ Rm 205
___ Hospitality Room	___ B5	___ B15	___ Rm 206
___ Choir Room Rm (B12)	___ B6	___ B16	___ Rm 207
___ Conference Rm (203)	___ B7	___ B17	

Diagram any special room set-up in this area. Use a separate piece of paper if needed

Office Use Only

Date Received _____ Facility Available? Yes _____ No _____ Verified By _____

Approved by _____ Date Approved _____

Distribution: ___ Media Person ___ Facilities Assistant ___ Originator

___ Slide Volunteer ___ Heat Coordinator ___ Sound ___ Video

___ Traffic Police ___ Security ___ Admin

Set-Up Date _____ Time _____ Break Down Date _____ Time _____

Other Forms Required

- ___ Event Work Sheet
- ___ Certificate of Liability
- ___ Covid Forms/Approval
- ___ Event Clean-up Form
- ___ Event Check List