

**Second Calvary Baptist Church**  
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# ROOM REQUEST/ SPECIAL EVENT REQUISITION

Today's Date: \_\_\_\_\_

Date of Function: \_\_\_\_\_ Time Needed: From \_\_\_\_\_ to \_\_\_\_\_ Time Event Begins \_\_\_\_\_

Type/Purpose of Function (i.e. meeting, rehearsal, fellowship, conference, etc.) \_\_\_\_\_ Approximate number of people \_\_\_\_\_

Total Number of Chairs Needed \_\_\_\_\_ Total Number of Tables Needed \_\_\_\_\_ *(Please attach a diagram of the room arrangement(s) you desire)*

Auxiliary, Group, Committee or Board Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**EQUIPMENT NEEDED**

Microphone \_\_\_\_\_

Podium \_\_\_\_\_

TV/VCR \_\_\_\_\_

Chalkboard (Chalk/Eraser) \_\_\_\_\_

Easel with Flip Chart (Markers/Eraser) \_\_\_\_\_

Overhead Projector \_\_\_\_\_

Portable Screen \_\_\_\_\_

*I agree to be responsible for equipment while it is in my care. If the equipment becomes lost or damaged, I will replace it or provide funds to do so.*

\_\_\_\_\_ Signature

**Please Note: If you are not going to have your meeting, please contact the church office within 24 hours.**

|   |   |   |
|---|---|---|
| <b>OFFICE USE ONLY:</b>   |   | Date Received _____   |
| Approved: _____<br>Room Assigned: _____<br><br>Not Approved – Reason: _____<br>_____<br>Authorized Signature: _____   | <b>PLANT MANAGEMENT:</b><br>Space Available<br><br>Space Not Available<br><br>Authorized Signature: _____ |   |
| <b>KITCHEN CONFIRMATION</b> <i>(For use when requesting food and/or food services):</i><br>Use of Kitchen Available _____ Kitchen Unavailable _____<br>Authorized Signature _____ |   |   |
| <b><u>COPY SUBMITTED TO:</u></b><br>Tape Ministry _____ Security _____<br>Ushers _____ Bookstore _____  |   | <b>Confirmed Via:</b><br>E-mail _____<br>Phone _____<br>Signature _____ |
| <i>(Please type in an "X" for all that apply)</i>   |   |   |

(Use this side if you are planning a special event, i.e. concert, service, workshop, banquet, etc.)

## SPECIAL EVENT INFORMATION

Is registration required? \_\_\_\_\_

If yes, how many tables and chairs are needed? \_\_\_\_\_

Is there a charge to attend this event? \_\_\_\_\_

Will an offering be collected? \_\_\_\_\_ If so, please contact our treasurer  
To arrange for someone to assist in counting the money.

Will you need the services of our bookstore? \_\_\_\_\_

If yes, please contact our bookstore manager with a  
detailed description of your needs. ***If books need to be  
ordered, a 10 day advance notice is required.***

### Please give a brief time schedule of the day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will classes be offered? \_\_\_\_\_ How many  
classes? \_\_\_\_\_ ***(Please attach a list of any  
classes that may be offered on that day).***

Do you need the sound system? \_\_\_\_\_

Do you need your event recorded? \_\_\_\_\_

If so, please list, in order of priority, the portions of this function  
you wish taped. ***(NOTE: Events can be recorded (audio) only  
in the Sanctuary).***

Example: Worship Service (1) Sermon (2) Music (3) Prayers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## CULINARY SERVICES

Do you need the kitchen staff?      Yes      No

What services do you require? (i.e. cooking, warming of food) \_\_\_\_\_

\_\_\_\_\_

Menu requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Please complete your voucher and submit it to the Cash Flow Committee at  
least two (2) weeks in advance. ***Vouchers & checks should be made payable to  
the Food Service Manager.***