

EVENT REQUEST FORM



EPISCOPAL CHURCH OF THE
Transfiguration

Date Submitted _____ Received by _____

Name of Event _____

Ministry Name _____

Event Contact Name _____

Email _____

Phone Number _____

Date of Event (Month, day, year) _____

Start Time _____ End Time _____ Set-up Time required? _____

Is this a recurring event? If yes, please give dates of recurrence, as well as any exceptions (holidays, etc.)

Preferred Room _____

Alternate Room Preference _____

Event Description (for inclusion in catalog/publicity):

Expected attendance # _____

Room set-up (tables, chairs, etc.) _____

A/V Equipment requested (mic, projector, etc.) _____

Will alcohol be served? (Please review alcohol policy & contact Rector for approval)

Additional Notes:

*If you would like to provide childcare, please email childcare@transfiguration.net with event information and billing account code.