

Discovery Church Scheduler

This Scheduler will help you think through the details of your event/activity as well as provide us with the necessary information to adequately advertise it.

Please advertise this event in the Worship Folder and E-Newsletter

Do not advertise this event

WHO

Person providing information: _____ Ministry Team: _____

Person in charge of event: _____ Phone #: _____

Name of Group/Ministry sponsoring event: _____

Who is invited to participate? _____ Estimated Group Size: _____

WHAT

Name and Type of Event: _____

Is a check required (Deposit/Stipend, etc.)? Yes No (If Yes, please submit Purchase/Check Request)

Is this a fundraiser? Yes No

WHEN

Date of Event: _____ Day of the week: Sun Mon Tues Wed Thrs Fri Sat

Beginning Time: _____ Ending Time: _____

Set-up / Clean-up Time (if applicable): _____

Is this a recurring activity (i.e., 3rd Saturday of every month)? Yes No

If Yes, please state: _____

WHERE

Will this be held at the Church Facility? Yes No

If Yes, please list the room(s) (room number or name) you request _____

If No, will you require a Certificate of Insurance Liability? Yes No

If No, will a Waiver of Liability Release be required? Yes No

If No, please provide name and address where event will be held: _____

Additional Information (If you wish to have this event advertised, please fill out reverse side)

Will you be charging for the event? Yes No If Yes, what is the cost? _____

Are children welcome? Yes No If No, will babysitting be provided? Yes No

If Yes, where will babysitting be held: _____

Will there be carpooling? Yes No If Yes, where will they meet? _____

Does the driver carry their own auto insurance (injury): Yes No

(See Reverse Side)

NOTES : Please provide information on your event
