

Alpharetta Methodist Event Work Order Form

Updated: _____

Event Name: _____

Event Date: _____ Day of Week: _____ Location: _____

Setup Time: _____ Start Time: _____ End Time: _____

Recurring? Yes No If yes, will occur every _____ until (end date) _____

Submitted by: _____ Phone: _____

Calendar Request Made? Yes No

*Staff Approval: _____ (No request will be completed without staff approval)

**Submit at least 2 weeks prior to large events & 1 week prior to standard events.

Front Doors Open: From _____ To _____

Please check all of the following needed & describe setup in detail below.

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> Unlock | <input type="checkbox"/> Lock Doors | <input type="checkbox"/> TV |
| <input type="checkbox"/> Return to normal set-up on _____ | <input type="checkbox"/> DVD Player | |
| <input type="checkbox"/> Clean-up | <input type="checkbox"/> Flip Chart | |
| <input type="checkbox"/> Large Trash Cans | <input type="checkbox"/> Podium | |
| <input type="checkbox"/> Tables # _____ (round/rectangular - please circle) | <input type="checkbox"/> Extension Cord(s) | |
| <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Ice | |
| <input type="checkbox"/> Piano | | |

Church Ministries - Please use the forms below if you require:

Communication Request

www.afumc.org/communications-request-form/

A/V Request

<https://www.afumc.org/av-setup-form-page/>

Please draw and make notes for your setup:

(Original to Jerry/Copy to Laura)

Received on:

Signed: