

ACTIVATOR REQUEST FORM

Central Baptist Church 300 N Roan Street Johnson City, TN

CHECK IF REVISION

Date Submitted: _____

Submitted By: _____

ALL FORMS ARE TO BE FILLED OUT 7 DAYS IN ADVANCED BY THE INDIVIDUAL MAKING THE REQUEST. PLEASE REVIEW EACH SECTION CAREFULLY, INCLUDE AS MUCH DETAIL AS POSSIBLE. THE MINISTRY STAFF WILL REVIEW YOUR REQUEST. ACTIVATORS ARE PROCESSED EVERY MONDAY.

WHO / WHAT

Event: _____

Contact: _____

Contact Phone: _____

Contact Email: _____

Church Related Yes No

WHEN

Event Date (s): _____

Day (s) of Week: _____

Event Start Time: _____

Event Finish Time: _____

WHERE

In-Person ZOOM (also see Audio/Visual Below)
 Both

Area / Rooms Needed: _____

Set-Up Day: _____
Time: _____

Take-Down Day: _____
Time: _____

SET UP / EQUIPMENT NEEDS / NOTES (USE BACK IF NEEDED)

6 ft Tables: Qty _____ 8 ft Tables: Qty _____ Round Tables : Qty _____ Chairs : Qty _____ Dry Erase Board Carts : Qty _____

Climate Control Lucy Booth

See Back For Additional Set-Up / Notes

PUBLICITY / MEDIA (church related events only)

Check All That Apply: Calendar Bulletin Website Happenings

Worship Announcement FACEBOOK Create Graphics Lucy Booth

Online Registration Email Blast Promotion Start Date _____

Please give specific content (ex. target audience, location, cost, contact person/info, logo):

See Back For Additional Notes

AUDIO / VISUAL

Check All That Apply: Audio Recording

Portable TV / DVD Video Recording

Microphone: Qty _____ Portable Sound System

Lavalier: Qty _____ ZOOM Support (Link)

Wireless Handheld: Qty _____

Sanctuary / Fellowship Hall
Projection (Video / DVD / PP)

We will be contact you later for more information.

FOOD SERVICE

Fellowship Hall Kitchen Needed YES NO

Church Need to Prepare Meals YES NO
If Yes, Approximate number of meals _____

Catering Kitchen Needed: YES NO

CBC STAFF REQUIRED TO BE PRESENT DURING USE OF KITCHEN (fee applies)

CHILDCARE

Approximate # of Ages
Birth - 4 Years Old _____

Approximate # of Ages
K - 5th Grade _____

Volunteers Needed: YES NO

**2 weeks advance notice needed to secure workers.
Final numbers needed 2 working days prior to event.**

TRANSPORTATION

Shuttle #1 Shuttle #2

Trailer **(Max. Occupancy 14 + driver)**

Driver(s): _____

Key Pick-Up / Return _____

**Drivers must be on approved list for insurance.
Arrange for keys with Office (423) 926-7121.**

FOR OFFICE USE: APPROVED YES NO PENDING ADMINISTRATOR _____ DATE _____

Custodial: _____ Publicity _____ Audio / Visual _____ Security _____ Kitchen Staff Preschool

Minister _____ Ministry Asst: _____

Children's/Youth Ministry Associate _____ Fees will be charged Temperature Set

Other _____

NOTES:

NON CHURCH RELATED EVENT - SCHEDULE OF FEES (effective August 2013)

Area / Personnel	FEES
Sound System Operator	\$15 HR
Security	\$15.00 / \$25.00 HR
Sanctuary	\$75.00
Welcome Corridor	\$50.00
Fellowship Hall	\$50.00
Catering Kitchen	\$30.00
Music Suite	\$30.00
Youth Suite	\$30.00
Activities Room	\$30.00
Gathering Place	\$30.00
Missions Room	\$20.00
Large Classrooms	\$30.00
Medium Classrooms	\$20.00
Small Classrooms	\$10.00
Extended Custodial Time	\$15.00 HR PER CUSTODIAN NEEDED
Kitchen Supervisor / Labor	\$15.00 HR
Catering Kitchen Labor	\$15.00 HR

**SEND STATEMENT FOR SERVICES
AND SUPPLIES TO:**

- Party scheduling event is responsible for any broken or damaged items.
- Please notify church office as soon as possible if any room or item checked on this form was not used in order to facilitate prompt and correct statement billing.
- Statement for all fees incurred will be made within the week following scheduled event.