

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 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

WHEN

WHERE

Event: Contact: Contact Phone: Contact Email: Church Related: Yes No	Event Date(s): Day(s) of Week: Event Start Time: Event Finish Time:	<input type="checkbox"/> In Person <input type="checkbox"/> ZOOM <input type="checkbox"/> Both Area / Rooms Needed: Set-Up Day: Time: Take-Down Day: Time:
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SET UP / EQUIPMENT NEEDS / NOTES (USE BACK IF NEEDED)

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

Lucy Booth See Back For Additional Set-Up / Notes

PUBLICITY / MEDIA (church related events only)

AUDIO / VISUAL

<p>Check All That Apply: <input type="checkbox"/> Calendar <input type="checkbox"/> Bulletin <input type="checkbox"/> Happenings <input type="checkbox"/> Email Blast</p> <p><input type="checkbox"/> Worship Announcement <input type="checkbox"/> Create Slide <input type="checkbox"/> Website <input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Online Registration <input type="checkbox"/> Create Graphic Promo Start Date _____</p> <p><u>Please give specific content (ex. target audience, location, cost, contact person/info.</u></p> <p><input type="checkbox"/> See Back For Additional Set-Up / Notes</p>	<p>Check All That Apply:</p> <p><input type="checkbox"/> Portable TV / DVD <input type="checkbox"/> Video Recording</p> <p><input type="checkbox"/> Microphone: Qty _____ <input type="checkbox"/> Portable Sound System</p> <p><input type="checkbox"/> Lavalier: Qty _____ <input type="checkbox"/> ZOOM Support (Link)</p> <p><input type="checkbox"/> Wireless Handheld: Qty _____</p> <p><input type="checkbox"/> Sanctuary / Fellowship Hall Projection (Video / DVD / PP)</p> <p><input type="checkbox"/> Audio Recording</p> <p>WE WILL BE CONTACT YOU LATER FOR MORE INFORMATION.</p>
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FOOD SERVICE

CHILDCARE

TRANSPORTATION

Fellowship Hall Kitchen Needed <input type="checkbox"/> YES <input type="checkbox"/> NO Church Need to Prepare Meals <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Approximate number of meals _____ Catering Kitchen Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;">CBC STAFF REQUIRED TO BE PRESENT DURING USE OF KITCHEN (FEES MAY APPLY)</p>	Approximate # of Birth - 4 Years Old _____ Approximate # of K - 5th Grade _____ Volunteers Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;">2 WEEKS ADVANCE NOTICE NEEDED TO SECURE WORKERS. FINAL NUMBERS NEEDED 2 WORKING DAYS PRIOR TO EVENT.</p>	<input type="checkbox"/> Shuttle #1 <input type="checkbox"/> Shuttle #2 <input type="checkbox"/> Trailer (Max. Occupancy 14 + driver) Driver(s): _____ Key Pick-Up / Return _____ <p style="text-align: center;">DRIVERS MUST BE ON APPROVED LIST FOR INSURANCE. ARRANGE FOR KEYS WITH OFFICE 423- 926-7121.</p>
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FOR OFFICE USE: APPROVED YES / NO / PENDING ADMINISTRATOR _____ DATE _____

Custodial: 3 Copies Minister _____ Ministry Asst: _____
 Publicity _____ Audio / Visual _____ Children's / Youth Ministry Assoc. _____
 Security Temperature Set Kitchen Staff CBC Preschool Fees will be charged 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.