



fbctampa
FIRST BAPTIST

EVENT PLANNING SHEET

SECTION 1: CONTACT INFORMATION

Name of Person Scheduling Event: _____

Phone: _____ E-mail: _____

SECTION 2: BASIC INFORMATION

Event Name: _____

(Note: This is the name as will appear on the online church calendar. Make it descriptive for people to understand.)

Event Date(s): _____

Event Start Time: _____ Event End Time: _____

Set-Up Time: _____ Break-Down Time: _____

How Many Participants Do You Expect? _____

SECTION 3: CHURCH RESOURCES REQUESTED

Please indicate ALL rooms and spaces you are requesting for this event:

Main Building 1st Floor

___ 100 Suite
___ 101 Music Suite

Main Building 2nd Floor

___ Dining Room
___ LifeTree Cafe
___ Worship Center
___ Conference Room

Main Building 3rd Floor

___ 300 Suite
___ 301
___ 302
___ 303
___ 304
___ 305
___ 306
___ 307
___ 308
___ 310

Main Building 4th Floor

___ 400 Suite
___ 401
___ 402
___ 404
___ 405
___ 406
___ 407
___ 408
___ 410
___ 412
___ 420

Chapel

___ Chapel

Carlton Building 1st Floor

___ Dolphin Room
___ Jellyfish Room
___ Otter Room
___ Seahorse Room

___ KidsZone Theater

___ Faith Refinery
___ Gospel Garage
___ Grace Foundry
___ Missions Depot
___ Peace Plant

Carlton Building 2nd Floor

___ Student Theater
___ Game Room
___ Gym
___ Snack Bar
___ Student Café

Carlton Building 3rd Floor

___ Room 300
___ Room 300-A
___ Room 301
___ Room 301-A
___ Room 302

Please indicate if you are requesting a church vehicle:

☐ Van *(Note: Only authorized drivers are permitted to operate church vehicles.)*

☐ Bus *(Note: Only authorized drivers are permitted to operate church vehicles.)*

If your event includes rooms OTHER THAN the Worship Center, Dining Room, LifeTree Café, KidsZone Theater, Student Theater, or Chapel, please indicate if you need portable A/V equipment in the room.

Room: _____

☐ DVD/CD

☐ Microphone

☐ PowerPoint

Room: _____

☐ DVD/CD

☐ Microphone

☐ PowerPoint

Room: _____

☐ DVD/CD

☐ Microphone

☐ PowerPoint

Room: _____

☐ DVD/CD

☐ Microphone

☐ PowerPoint

SECTION 4: SUPPORT SERVICES REQUESTED

Please Indicate All That Apply for Your Event:

☐ I Would Like Online Registration at fbctampa.org

Date Registration Begins: _____

Date Registration Ends: _____

☐ I Would Like Online Payment at fbctampa.org

Online Payment is: ☐ Mandatory ☐ Optional

Payment Amount: _____ *(Note: Include \$2 extra for online payment processing fee.)*

☐ I Would Like Technical Support for Operating A/V Equipment in:

☐ Worship Center

☐ LifeTree Café

☐ KidsZone Theater

☐ Dining Room

☐ Chapel

☐ Student Theater

(Note: This ONLY provides for a person to operate the equipment during the event. All file formatting, graphics work, etc. are up to the event organizers. Volunteers will be targeted first, but if they are unavailable, a fee may be charged for hiring operators. You will be notified in advance. Technical Support will not be provided for operating portable A/V equipment in other areas.)

☐ I Would Like Paid Child Care Provided

(Note: Securing volunteer childcare workers is up to the event organizers. Check this ONLY if you would like to pay for childcare workers as they are available.)

☐ I Would Like Food Services Provided

(Note: Check this ONLY if you would like to pay for the FBC Tampa Food Service Team to provide food for your event.)

☐ I Would Like FBC Tampa Operations To Set-Up Rooms

(Note: Check this if you know you will need rooms set-up in a different configuration than what they normally are in.)

☐ I Would Like a Security Volunteer Present if Possible

Once this form is submitted to the church office, you will be notified that it has been entered into the church's event planning system. You will also be contacted with any follow-up questions based on your requests and again when the event has been approved.