



Greater Mount Calvary Holy Church
Service Request Form

FOR ALL MINISTRY EVENTS: FACILITIES, MARKETING, FOOD SERVICE REQUESTS, ETC.

COMPLETELY fill out request, obtain **REQUIRED** signatures and **DO NOT** commit to a date or contract until approved. Please submit Marketing & Media requests 8 weeks in advance.
 Submit form via email to scheduling@gmchc.org or via fax at 1-888-502-6501. Thank you!

Person Submitting Request: _____ Today's Date: _____

Ministry Head Signature: _____ Phone#: _____

EVENT PLANNING	General Information	Type: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Cancellation date _____ <input type="checkbox"/> Other Title of Event _____ Start Date _____ End Date _____ Start Time _____ End Time _____ Ministry (s) _____ Contact Person _____ Phone _____ Email Address: _____
	Detailed Information	Purpose _____ Description of Event _____ _____ _____ Other Sponsoring Organization _____ Estimated Attendance _____
FACILITIES	Set-up Information	Requesting: <input type="checkbox"/> Main Sanctuary <input type="checkbox"/> Chapel <input type="checkbox"/> Kristel Room <input type="checkbox"/> Boardroom <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Classroom 3 <input type="checkbox"/> New Members Classroom <input type="checkbox"/> Balcony <input type="checkbox"/> Parking Lot <input type="checkbox"/> CCA <input type="checkbox"/> Lobby <input type="checkbox"/> 804 Conference Room <input type="checkbox"/> 804 Open Area <input type="checkbox"/> Phase One Room <input type="checkbox"/> W St. Classroom 1 <input type="checkbox"/> W St. Classroom 2 <input type="checkbox"/> W Street Open Area <input type="checkbox"/> Ministerial Lounge Open Area <input type="checkbox"/> Ministerial Lounge Office



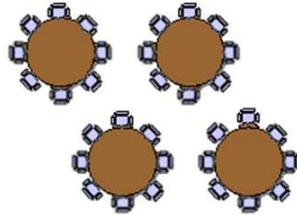
FACILITIES

**Set-up
Information**

Room Set-up:

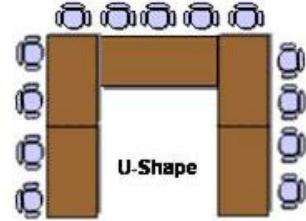
- Markers Flip Chart Podium Easel White Board
- Clipboards

Please select your choice for your room set-up. If no selection is made, one will be selected for you.



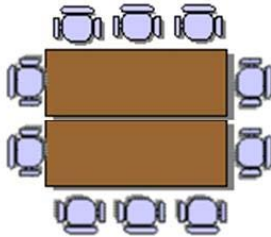
Banquet (Rounds)
(seats 6-8 per table)

- Banquet (Rounds)



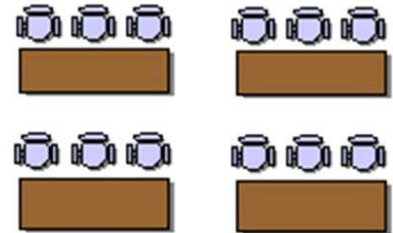
U-Shape

- U-Shape



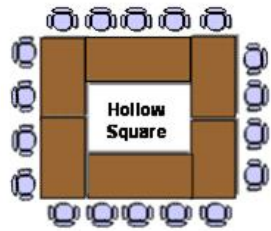
Boardroom

- Boardroom



Classroom

- Classroom



Hollow Square

- Hollow Square



Theater

- Theater

- Other (Please describe)



INFORMATION SYSTEMS	Announcements	Please submit announcements for the bulletin by 12PM on Tuesday via email to announcements@gmchc.org . <input type="checkbox"/> Bulletin Insertion Date(s) to insert advertisement in the bulletin _____ Special Instructions _____ _____
	Copying	Type: <input type="checkbox"/> Black & White <input type="checkbox"/> Color <input type="checkbox"/> Card Stock <input type="checkbox"/> Glossy # of Copies _____ Special Instructions _____ _____ _____
FOOD SERVICES	Catering Needs	Type: <input type="checkbox"/> Reception <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meeting # of People _____ Special Instructions _____ _____ _____ _____
	Transportation	Type: <input type="checkbox"/> Church SUV <input type="checkbox"/> 14 Passenger Shuttle <input type="checkbox"/> 44 Passenger Bus
OTHER	Hospitality	Type: <input type="checkbox"/> Greeters <input type="checkbox"/> Ushers <input type="checkbox"/> Nurses <input type="checkbox"/> Armor Bearers <input type="checkbox"/> Photography <input type="checkbox"/> Security <input type="checkbox"/> Childcare
	Worship Arts	Type: <input type="checkbox"/> Praise Team <input type="checkbox"/> Dance Ministry <input type="checkbox"/> Band <input type="checkbox"/> Choir <input type="checkbox"/> Mime Ministry <input type="checkbox"/> Act II Drama Ministry
	Event Details	Please indicate any other ministry needs: _____ _____ _____ _____

If you have any questions regarding this form, please contact the Events Department at 202-529-4547 or via email at scheduling@gmchc.org.