WORK ORDER INFORMATION FORM



Remember: At least 7 days notice is required to ensure your needs are met.

Please submit this completed form to the church receptionist.

GENERAL INFORMATION	ROUTING						
Date submitted:	☐Facilities Manager						
Form prepared by:	□Sound						
Staff member responsible:	□Pastor						
Phone:	□Music						
Person in charge of event:	□Other:						
Phone:							
Email:							
CALENDAR REQUEST/UPDATE							
Title of event:							
Date of event:							
Starting time: Room nee	eded by:						
Number expected: Room requested:							
☐ Request date change Original date: New date	e:						
☐ Cancel event							

ROOM SET-UP

Please draw a diagram of how you would like the room to be set up. Be as detailed as possible. Feel free to attach additional pages or notes as necessary.

CHI	CHILD CARE NEEDS								
	Birth-3 years								
	4-5 years								
	1st-6th grades								
Min	Minimum of 5 children. Names of children to be submitted to church office three days before								
event.									
AUDIO/VISUAL NEEDS									
	Microphones How many? □ Podium □ Wireless								
	Notes/explanation:								
	Computer	V/DV	'D			Proje	ctor		
	Other								
FOOD SERVICE SUPPLIES NEEDED									
	coffee cups		coffee				sugar		
	tea cups		decaf				sweet & low		
	plates		tea				creamers		
	dessert plates		ice				ice chest		
	bowls		water				napkins		
	utensils								
	'		metal						
	☐knives						spoons		
	table cloths: qty.					col	lor		
	☐ plastic	<u> </u>	cloth						
ROUTINE MAINTENANCE									
Roc	n number: Organization:								
	light bulbs burned out				sink/toilet clogged				
	inoperative electrical socket				broken or cracked window				
	l leaky plumbing			climate control malfunction (heat/cool)					
	general housekeeping needed			toilet paper/paper towels					
	other:								