

3701 Old Brownsboro Rd. Louisville KY 40207 502-895-3483

Event Request Form

loday's Date:	Organization	
	Name:	

Event Information						
Event Name						
Event Date(s)						
Event Time(s)		Eve	nt Duration:			
Brief Description of the Event:						
Attendance:						
Will you be utilizing AV equipment?	□ Yes □No	☐ Yes ☐No Describe Needs:				
Requested Location:	□ Sanctuary	☐ Fellowship Hall A	☐ Great Hall	☐ Youth Suite		
	□ Chapel	☐ Fellowship Hall B	☐ Meeting Rooms	□Other (Please specify)		
Contact Information						
Event Contact Name:						
Contact Title:						
Phone Number:						
Email Address:						
Signature:	Date:					
For office use: Added to Calend Insurance info rec	eived	□ Event Set-up F	form received ed by			

Event Set-Up Request

Room Set-Up Options						
		□ Circle (chairs in a circle, no table)				
		☐ Banquet (multiple tables and chairs)				
☐ Other Room Set-Up (please draw diagram below)						
Options						
	☐ Registration Tal	hle	☐ Beverage Table			
☐ Serving Table	☐ Table Clothes	OIC .	☐ Other (please specify)			
			(12 2 2 2 2 1 2 2 7 7			
Beverage/Food Service						
□ Coffee	☐ Hot Water		□ Iced Water			
□ Flatware	☐ Dishes (please	specify)				

Event Set-Up Request

Event Date: Event Name:

- All activities with children under the age of 18 must be supervised by no fewer than two adults in accordance with the Child Protection Policy of Second Presbyterian Church, a copy of which is attached and incorporated into the terms of this Event Request Form.
- Smoking, the distribution or consumption of alcoholic beverages, possession or usage of illegal drugs and the possession of firearms on the property are prohibited activities.
- A Certificate of Liability Insurance that provides coverage must be on file with the Church Administrator before the event.