

SSJ Ministries, Meetings, Clubs & Events Signup and Registration Sheet

Rooms are assigned based on group size and room availability. You may be moved to a different room based on unexpected events and room availability. You are never guaranteed the rooms you request.

Required for all Event/Meeting Room Requests	Name of Ministry/Organization/Group: _____		Meeting Dates: _____	
	Name of Event/Meeting: _____		Meeting Start Time: _____	
	Contact Person (required): _____		Meeting End time (each session): _____	
	Contact Person Phone (Home): _____		Requested Set up time: _____	
Contact Person Phone (Cell): _____		Requested Clean up time: _____		
Contact Person Email: _____		Frequency		<input type="checkbox"/> Once <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Room Requested		<input type="checkbox"/> Domec Hall/Kitchen <input type="checkbox"/> Event Center/Kitchen		<input type="checkbox"/> Other: _____
Required for all Events	For Office Use only		Room Items	
	Received by: _____ Date: _____		Please indicate number of items needed	
	Scheduled by: _____ Date: _____		<input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Projector/screen <input type="checkbox"/> TV/DVD <input type="checkbox"/> Microphone <input type="checkbox"/> Other: _____	
	Set-up Arranged: _____ Date: _____		Room Set Up Style	
Event Manual given to: _____		<input type="checkbox"/> Classroom <input type="checkbox"/> Auditorium <input type="checkbox"/> Long Tables <input type="checkbox"/> Small Group <input type="checkbox"/> Other		
		For "Other" Room Set Up Style, please draw configuration on back of this form. Otherwise forward Room Set Up Style to Event Coordinator at: BrodieD@SSJWoodlands.com		
Will food be served at your meeting/event? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will your ministry/group be funding the cost of the food? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who will be providing the food? _____		Will Alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you need soft goods? <input type="checkbox"/> Yes <input type="checkbox"/> No		What type? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor		
If yes, please indicate how many of the following you will need:		Drinks/Food Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Plates <input type="checkbox"/> Utensils <input type="checkbox"/> Napkins <input type="checkbox"/> Cold Drink cups <input type="checkbox"/> Hot Drink cups		Tickets Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you need to use the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Inventory Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person in charge of kitchen use: _____				
Cell Phone of person in charge: _____				
SSJ Added to Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have an opening prayer? (If "no", we will provide one.) <input type="checkbox"/> Yes <input type="checkbox"/> No				