

# ACTIVITIES & EVENTS REQUEST FORM FOR ON-SITE \*\*\* AND OFF-SITE EVENTS

**OAK PARK CHRISTIAN CENTER**  
 2073 OAK PARK BLVD., PLEASANT HILL, CA 94523  
 PH: 925-934-3056 FAX: 925-934-6559 WWW.OPCCAG.ORG

Note: Activities & Events requests must be approved by your Department Head and submitted to the Church Administrator at least 6-8 weeks prior to your event. You will be contacted should the Staff have any questions and inform you of the event approval or denial. Please make a copy of your application once it is completed for your reference.  
 \*\*\* For ON-SITE events please complete both sides of this form.

Events not sponsored by OPCC must provide proof of liability insurance, naming Oak Park Christian Center as additional insured.

Your Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Today's Date \_\_\_\_\_

## Activity Information

Name of Event: \_\_\_\_\_

Brief Description of the Event: \_\_\_\_\_

Sponsoring Ministry/Dept./Person/Group: \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_ **AM/PM** until \_\_\_\_\_ **AM/PM**

**Alternate Date(s):** \_\_\_\_\_ **Set up Time:** \_\_\_\_\_ **AM/PM** **Clean up Time:** \_\_\_\_\_ **AM/PM**

Is this an ongoing event?  Weekly  Monthly Please Explain: \_\_\_\_\_

Person Responsible for Event: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ / \_\_\_\_\_  
(daytime) (evening)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
(Address required for outside groups only)

E-Mail Address: \_\_\_\_\_ Est. # of Participants: \_\_\_\_\_ Est. # of Cars: \_\_\_\_\_

Who is responsible for clean up? \_\_\_\_\_ Phone: \_\_\_\_\_

**Childcare Requests:** Nursery/Childcare Needed: CHECK Y\_\_\_ N\_\_\_ Arrangements for nursery (infant-3 ½ yrs.) and older children (4 yrs. potty trained-5<sup>th</sup> grade) are made through our Child Care Coordinator. **Once your event has been approved the Office Manager will submit your request for care** to the Child Care Coordinator, who will then contact you for details. **ie: Name of your Event, start time/end time and name of contact person as well as Name(s), Age(s) and approx. total # of children needing care.**

**Event Promotions:** Promotions are for Oak Park sponsored events only. CHECK ALL THAT APPLY

<input type="checkbox"/>	Announcement Slide
<input type="checkbox"/>	Add to Events Calendar
<input type="checkbox"/>	Add to Facebook

<input type="checkbox"/>	Add to Website
<input type="checkbox"/>	Add to Bulletin
<input type="checkbox"/>	Add Online Registration

<input type="checkbox"/>	Print Flyers/Poster etc.
<input type="checkbox"/>	Lobby Table
<input type="checkbox"/>	Send to Events Email List

**Once notified by the Office Manager the event has been approved**, please send an email to [info@opccag.org](mailto:info@opccag.org) with the following information: **Name of your event including 4-5 sentences describing your event, making sure to including event date, time, cost, types of promotions requested (items checked above) along with any images to include and MUST be received no later than 4 weeks prior to event.**

**Vehicle Reservation:** Honda Pilot\_\_\_ Who will drive the vehicle: \_\_\_\_\_  
 (Driver must be approved per OPCC insurance prior to driving the vehicle. This vehicle is not available for personal use.)  
**OFFICE ONLY Driver on Ins. List? Y / N**

**Single Day:**  
 Date: \_\_\_/\_\_\_/\_\_\_  
 Time: from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

**Multiple Day:**  
 Date Borrowed: \_\_\_/\_\_\_/\_\_\_  
 Date Returned: \_\_\_/\_\_\_/\_\_\_

**Approved/Denied:** Dept. Head \_\_\_\_\_ Master Calendar \_\_\_\_\_ Sr. Pastor \_\_\_\_\_

Distributed to: Office Manager\_\_\_ Sponsoring Ministry\_\_\_ Church Office Coordinator\_\_\_ Child Care Coordinator\_\_\_  
 Website Editor\_\_\_ Facilities Mgr. \_\_\_ Set up Crew Coordinator\_\_\_

**Set up/take down/lock up/clean-up of your event:**

These arrangements will be coordinated through the Office Manager. Clean-up of your event is to include the removal and disposal of all garbage to the outside dumpster. **Office Use Only:** Set up and/or take down details.

Who will open the building(s)? \_\_\_\_\_ Phone number \_\_\_\_\_

Who will secure the building(s)? \_\_\_\_\_ Phone number \_\_\_\_\_

**Facilities/Equipment/Media Requested for Your Event:**

Gym \_\_\_\_ (sport event, gym shoes only) Gym \_\_\_\_ (banquet seating for 320) Gym \_\_\_\_ (lecture seating for 500)

B-15 \_\_\_\_ (dining for 64) B-15 \_\_\_\_ (lecture for 80) Choir Rm. \_\_\_\_ (seating for 50) Children’s Ministry Center \_\_\_\_ (seating for 120)

Children’s Ministry Center \_\_\_\_ (dining for 64) Cedar Room \_\_\_\_ (dining for 50) Cedar Room \_\_\_\_ (lecture for 75) Worship Center \_\_\_\_

Conference Rm. \_\_\_\_ Special Forces Ministry Center \_\_\_\_ Kitchen \_\_\_\_ Ovens \_\_\_\_ Cook top \_\_\_\_

Refrigerator Use \_\_\_\_ Freezer Use \_\_\_\_ Dishwasher \_\_\_\_ Outdoor BBQ \_\_\_\_ Large Trash Containers \_\_\_\_

Round Tables # \_\_\_\_ Rectangle Tables # \_\_\_\_ Chairs # \_\_\_\_ Podium \_\_\_\_ Volleyball # of courts \_\_\_\_

Scoreboard \_\_\_\_ Basketball # of courts/hoops \_\_\_\_ Bleachers \_\_\_\_

Is Audio Required? Y N

Portable Sound System \_\_\_\_ Microphones (how many) \_\_\_\_ CD Player \_\_\_\_ DVD Player \_\_\_\_ TV \_\_\_\_ Projector for Laptop \_\_\_\_

**Office Use Only:** Technician(s) Needed \_\_\_\_

**Kitchen/Supplies:** When reserving the kitchen, you will be contacted one month prior to your event by the OPCC Facilities Manager to confirm your needs. All equipment used must be washed, dried and put away. Please do not leave items on the counters. If you use the refrigerator, please remove all items after your event.

**For church sponsored events:** Please list the supplies needed. (i.e., paper dinner plates, dessert plates, plastic utensils, napkins, etc.) Please note: Only white plastic round and rectangular table covers will be available.

List any church cookware and/or kitchen equipment you will use:

**Is Food Being Served at Your Event?** Y / N If yes, please explain: Example: “We will be serving pizza during our rehearsal in the Worship Center. We will set up a table just for the food”

Is Event Catered? Y N Name of Caterer \_\_\_\_\_ Phone \_\_\_\_\_

**Supplies/Equipment/Technicians:** If your event and/or set up requires scissors, tape, pens, etc., these must be provided by your group. The office does not provide these items. If audio/video equipment is required, trained staff will be hired to operate equipment.

Other Requests/Comments: \_\_\_\_\_

**Office Use:** Application provided to Bldg. Mgr. \_\_\_\_ Audio/Video Supervisor \_\_\_\_ Insurance Provided \_\_\_\_  
Childcare \_\_\_\_ Set up \_\_\_\_ Take Down \_\_\_\_ Air Conditioning/Heat \_\_\_\_ Key Provided \_\_\_\_ Copy to Office Coordinator \_\_\_\_  
Rental Fees Y N \$ \_\_\_\_\_ Technician Fees \$ \_\_\_\_\_ Custodian \$ \_\_\_\_\_