

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-5th 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 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 \$ _____