

EVENT WORKSHEET

Please use this form to submit requests for room reservations and associated advertising. Carefully complete each section as appropriate. Ads should be a maximum of 100 words. Please submit this form via email to: renataf@sancarlosumc.org or fax to (619) 464-4333.

Event Information						
Event Name:			Re	ental Fees: ayable to Sa	\$ Due on n Carlos United M	or before day of event, ethodist Church
Description:						
Contact Person: Name		e:		Phone: Email :		
Event Date:	nning Date: Ending Date:			te:		
Local		tion/Room:				
Event Start/End Pleas		se remember to allow yourself extra			egin Time Cleanup End Time	
Time:		time for room set up and take down.				
Equipment Needed:	=	ound Tables	oth		Coffee Pots [Microphone/s [Podium Other
Sound Engineer Needed? Projector/Media Tech Needed?						
The above checklist is to help you determine the equipment you need for your event. It is your responsibility to coordinate the use of these items with the church office manager by calling 619.464.4331.						
		Event Publ		•		
Good News ONE ISSUE ONLY		The Good News is published monthly on the last Tuesday of each month for the following month. Email your article with this form to wendyb@sancarlosumc.org on or before the 2 nd Monday of each month by 4pm.				
		Month/Issue Requested:				
Bulletin Insert 2 WEEK LIMIT Deadline: Tuesday 12pm		Sunday:			Sunday:	
Connection Card Deadline: Tuesday 12pm		Sunday:			Sunday:	
Announcement in Church		Announcer:			1 st Choice Sunday:	
*1 MINUTE TIME LIMIT Table on Patio		# Card Table# 6' Ta	ble	Easel	2 nd Choice Sund	lay: Sunday:
					•	•
Website		Starting Date:		Ending Date:		
Facebook		Date to Post:			Date to Post:	
*Internal Use Only:		Preschool (Oth	er	Date/s:	
Advertising Content:						