

_____	Approved
_____	Deposit
_____	Approved cclist
_____	Returned deposit

DATE \_\_\_\_\_

_____	Assoc. Church
_____	Nonprofit
_____	Community Org.
_____	Individual

**MISSION COLUMBUS CENTRAL  
Activity Scheduling Form**

**Event is not calendared until approved by the Staff.**

Activity:

Church/Business:

Address:

Date(s) of  
Activity:

Day(s) of  
Week:

**ARRIVAL TIME:**

In order for us to prepare for your coming, the time you enter here will be the EARLIEST ACCESS you'll have to the building. So please factor in the time you'll need for setup. This set time will insure that our security personnel is present and that our staff members will not interfere with your event. \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**DEPARTURE TIME:**

The time you enter here is the time you agree to LEAVE THE BUILDING after concluding your event and fulfilling all details of the agreement sheet. \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

If this event is a conference/teaching event/ church service we request that you please submit:

a) The name(s) of the speaker(s) \_\_\_\_\_

\_\_\_\_\_

b) The topic to be discussed/taught. \_\_\_\_\_

Location of Activity:	_____ Worship Center	_____ Kitchen	_____ Family Room
	_____ Classrm 1	_____ Classrm 2	_____ Classrm 3
	_____ Child Care Center	_____ Acts 1:8 Strategy Room	

Contact Person:

Phone (Eve)  
(Day)

Alternate Contact:

**ADMINISTRATIVE/CUSTODIAL NEEDS**

Equipment/Supplies (indicate number needed):

\_\_\_\_\_ Chairs    \_\_\_\_\_ Tables    \_\_\_\_\_ VCR/DVD/TV    \_\_\_\_\_ Sound    \_\_\_\_\_ Other

### **SETTING UP**

Your group is responsible for setting up for your activity and cleaning up afterwards. This would include vacuuming, carrying all trash to the outside dumpster etc. If the kitchen is used, all dishes pots, pans, etc. must be washed and returned to their proper place. Your deposit of \$150.00 per day will be held until the completion of the event. It will then be mailed to you after the check list is approved minus \$25.00 per day which will be used to take care of security expenses. Your event will be placed on the calendar upon receipt of this deposit.

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**Signature of Contact Person**

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**Date**