

EVENT TITLE:

EVENT TEAM LEADER:

PROPOSED EVENT DATES:

(Alternate dates if applicable)

GUEST AGE GROUP(S) AND ESTIMATED ATTENDANCE:

(If youth will be attending without their parents, please provide the drop-off/pick-up plan, check-in process, and emergency contact procedure)

IS THIS A FUNDRAISER? IF YES, WHAT IS IT SUPPORTING AND WHAT IS THE ESTIMATED PROFIT?:

WILL DONATIONS, SPONSORS, AND/OR OUTSIDE VENDORS BE SOLICITED?:

PROPOSED EVENT CHARGE:

LOCATION NAME AND ADDRESS:

IF THE EVENT IS BEING HELD AT LCS/NAZ, LIST ALL AREAS/ROOMS NEEDED:

LIST DAYS/TIMES NEEDED FOR SET-UP AND CLEAN-UP:

WILL THE KITCHEN BE NEEDED? IF SO, PROVIDE DETAILS OF HOW THE KITCHEN WILL BE USED:

WHAT SERVICES AND/OR EQUIPMENT WILL BE NEEDED FROM LCS/NAZ, SUCH AS A/V, MUSIC, TABLES AND CHAIRS, SOUND TECH, ETC.:

LIST ALL METHODS OF ADVERTISING FOR THIS EVENT AND NAME OF PERSON RESPONSIBLE FOR ADVERTISING:

WILL ANY SPECIAL PERMITS, LICENSES OR INSURANCE WAIVERS BE NEEDED?:

WILL THERE BE FOOD AT THIS EVENT? IF SO, PLEASE PROVIDE THE PROPOSED MENU/LIST OF FOOD AND BEVERAGES, AND THE PERSON/COMPANY SUPPLYING FOOD. PROVIDE PLAN FOR ACCOMODATING FOOD ALLERGIES.

USE THE REMAINING SPACE TO DESCRIBE YOUR EVENT AS THOROUGHLY AS POSSIBLE, OR ATTACH A DESCRIPTION TO THIS FORM. INCLUDE A LIST OF TEAM LEADERS AND TEAM MEMBERS.

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LCS Approval: \_\_\_\_\_ Date: \_\_\_\_\_

NAZ Approval: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable)