

Event Date (e.g., January 3-5): _____

Day(s) of the week: Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Time period of event set-up: _____

Official start time of event: _____ a.m. / p.m. (circle one)

Time period of event clean-up: _____

Do participants need to sign-up and how will they do so: _____

Admission price: Free / _____; Deadline to purchase admission: _____

If donations are needed, what items (i.e. food, blankets, money, pop, etc.) _____

Donations are needed by this date: _____

Participants bring (e.g., beach towels, dish to pass, etc.): _____

Food, Childcare, Audio & Visual Needs, Other

Food (circle those that apply): Meal / Concessions / Free Snack. If meal: Catered / Potluck / by Team Only

Childcare—*all requests are reviewed, coordinated and approved by the Chilson Hills Ministry Team*: Yes / No

Assigned Photographer: _____ ph #: _____

Is a sound system needed for this event? Yes / No. If yes, minimum/max # of mics: _____

Are the big screens needed for this event? Yes / No

If yes, who will create the file: _____ ph #: _____

and who will run the computer: _____ ph #: _____

Contact Person Name to Publish:

This is made public (*you are certifying you have their permission to publish this info*):

First Name Last Name

Phone number Email address

For more information, contact (810) 227-9596, office@chilsonhills.org, or fax to: (810) 227-9614.