

**Reid Temple A.M.E. Church Request Form**  
**“Let all things be done decent and in order.” I CORINTHIANS 14:40**

|                 |           |
|-----------------|-----------|
| Date Submitted: | Ministry: |
|-----------------|-----------|

All request forms, changes and cancellations must be submitted electronically to [requestforms@reidtemple.org](mailto:requestforms@reidtemple.org)  
 A minimum of **14 business days** is required for processing this request. Refer to instructions for proper completion of all forms.

|                        |                                                            |                                      |                                                            |
|------------------------|------------------------------------------------------------|--------------------------------------|------------------------------------------------------------|
| Event:                 |                                                            |                                      |                                                            |
| Requestor:             |                                                            | Email Address:                       |                                                            |
| Phone #:               |                                                            | Home – Work – Cell:                  |                                                            |
| Alternate Contact:     |                                                            | Email Address:                       |                                                            |
| Phone #:               |                                                            | Home – Work – Cell:                  |                                                            |
| Requested Day & Date:  | Option #1:                                                 | Option #2:                           | Option #3:                                                 |
| Event Start/End Times: | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Ministry Set-<br>Up/Breakdown Times: | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |

**A. Meeting Space Set-Up:** We will do our best to accommodate your requested meeting space set-up.

|                                          |                                           |                                                               |                                                                         |                                                |                                                   |  |
|------------------------------------------|-------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|--|
| <b>Basic Set-Up</b>                      | <input type="checkbox"/> Theater _____    | <b>Custom</b>                                                 | <b>Table</b>                                                            | <input type="checkbox"/> Easel                 | <input type="checkbox"/> Flip Chart w/<br>markers |  |
| <input type="checkbox"/> Banquet _____   | <input type="checkbox"/> Conference _____ | <input type="checkbox"/> Room<br>Layout from<br>Ministry Team | <input type="checkbox"/> Lobby<br><input type="checkbox"/> Registration | <input type="checkbox"/> Podium                | <input type="checkbox"/> White Board              |  |
| <input type="checkbox"/> Classroom _____ |                                           |                                                               |                                                                         | <input type="checkbox"/> Head Table<br># _____ |                                                   |  |

**B. Audio Visual (AV):** Please indicate equipment needs and quantity.

|                                                                 |                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                  |  |  |  |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <input type="checkbox"/> Power Point<br>Presentation<br>Package | <input type="checkbox"/> DVD Player<br><input type="checkbox"/> CD Player<br><input type="checkbox"/> TV / Monitor<br><input type="checkbox"/> Screen | <input type="checkbox"/> Projector<br><input type="checkbox"/> Laptop<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Wi Fi | <b>Microphones</b><br><input type="checkbox"/> Podium _____<br><input type="checkbox"/> Aisle _____<br><input type="checkbox"/> Head Table _____ |  |  |  |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

**C.  Kitchen/Certified Staff:** Additional food & beverage forms required and must be approved by Commissioner.  
 Submit food & beverage forms directly to Fishes & Loaves Ministry **30-60 calendar days** in advance of event. Refer to instructions.

**D.  Digital Presentations (DP):** Additional DP form required. Please allow for **3 business days** to create DP slide. Refer to instructions.

**E.  Video Announcement (VA):** Additional VA form required. Please allow for **20 business days** to create and air on requested Sunday date. Refer to instructions.

**F.  Print & Graphic Design:** Specify number of copies and date needed in hand. Submit document with request.

|                              |                              |                              |                                                            |                              |                 |
|------------------------------|------------------------------|------------------------------|------------------------------------------------------------|------------------------------|-----------------|
| <input type="checkbox"/> 100 | <input type="checkbox"/> 200 | <input type="checkbox"/> 300 | <input type="checkbox"/> 400                               | <input type="checkbox"/> 500 | Oth. Qty. _____ |
| <b>Date Needed In-Hand:</b>  |                              |                              | <input type="checkbox"/> Custom Designer Service Requested |                              |                 |

*Please specify custom design service needed, i.e. newsletter template, flyer, brochure, program, tickets.* \_\_\_\_\_

|                              |                                                                                                              |                                                                                                          |                                                                                                         |                                                                                                                            |                                                                                                    |
|------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Additional Ministry Support: | <input type="checkbox"/> Trustees<br><input type="checkbox"/> First Aid<br><input type="checkbox"/> Security | <input type="checkbox"/> Greeters<br><input type="checkbox"/> Ushers<br><input type="checkbox"/> Angelos | <input type="checkbox"/> Music<br><input type="checkbox"/> Counters<br><input type="checkbox"/> Nursery | <input type="checkbox"/> Stewards<br><input type="checkbox"/> Public Relations<br><input type="checkbox"/> Parking/Traffic | <input type="checkbox"/> Other<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

**TRANSPORTATION REQUEST**

*Please indicate cross streets or provide directions on separate sheet of paper.*

|                           |       |                                                         |                                                                             |
|---------------------------|-------|---------------------------------------------------------|-----------------------------------------------------------------------------|
| Church Departure Day/Date | Time: | <input type="checkbox"/> AM <input type="checkbox"/> PM | # of Passengers:                                                            |
| Church Return Day/Date    | Time: | <input type="checkbox"/> AM <input type="checkbox"/> PM | Parking Available: <input type="checkbox"/> Y<br><input type="checkbox"/> N |

|                      |       |        |      |
|----------------------|-------|--------|------|
| Destination Address: | City: | State: | Zip: |
|----------------------|-------|--------|------|

Additional Comment:

|                                                     |       |
|-----------------------------------------------------|-------|
| Ministry Leader/Member Signature:                   | Date: |
| Commissioner/Authorized Approver: <b>(Required)</b> | Date: |
| Ministry Office of Operations:                      | Date: |

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**INSTRUCTIONS FOR COMPLETING REQUEST FORM**

**Note:** This request is not valid until confirmed by the Ministry Office of Operations. Should there be any event changes or cancellations, please notify the Ministry Office immediately at [requestforms@reidtemple.org](mailto:requestforms@reidtemple.org). Requests are to be submitted within the appropriate time frame and with all required signatures. Incomplete forms will be returned to the **Commissioner** and will not be processed until they are completed properly.

**A. MEETING SPACE SET-UP:**

Review set-up options and select. Double click in box to make your selection. Indicate number of anticipated attendees. When selecting *custom room layout*, kindly submit **draft** custom room layout **3 weeks** prior to event. **Final custom room layouts** are due **1 week** prior to event. Basic room layouts consist of podium, tables and chairs and are for fellowship hall and select meeting rooms.

**Table**

Lobby: If you require a table in the lobby for Sunday services, please select this option.

Registration: If you require a table outside of the entrance of your event space, please select this option.

**B. AUDIO VISUAL:**

Review equipment option and select. Double click in box to make your selection. If a Power Point presentation is needed *only*, select “Power Point Package”. Power Point Packages consist of projector, screen and laptop. You may supply your own laptop for convenience. NOTE: For Power Point presentations, please ensure presentation is saved to a USB storage device for upload to equipment supplied by the Angelos AV Team.

**C. KITCHEN/CERTIFIED STAFF:**

If food & beverage is approved on the **initial request form**, then you are required to submit an approved food & beverage service form directly to Fishes & Loaves Ministry **30 or more calendar days in advance of your event for 100 or less attendees. For events with 100 or more attendees**, the approved food & beverage form must be sent **60 or more calendar days in advance** of your event. Send forms to [fishesandloaves@reidtemple.org](mailto:fishesandloaves@reidtemple.org). **Note: A certified food and beverage kitchen staff representative must be on site for your event.** Refer to Food Service Procedures and Protocol.

**D. DIGITAL PRESENTATION (DP):**

Additional DP form required. Please allow for **3 business days** to create DP slide. Please **do not** submit a .pdf or .jpg of your announcement within a Power Point slide. DP Team must be able to manipulate slide for screen presentation. Refer to instructions on DP request form.

**E. VIDEO ANNOUNCEMENT (VA):**

Additional VA form required. Please allow for **20 business days** to create and air on requested Sunday date. Refer to instructions on VA request form. Please **do not** submit a .pdf or .jpg of your announcement.

**F. PRINT & GRAPHIC DESIGN:**

Please specify number of copies and date needed in hand. Submit document to be copied with request form. If you require custom design assistance, please indicate and specify service needed. Graphic Designer will contact requestor within **3 business days**. All graphic documents created **outside** of RTAME Graphic Team for print, must be submitted **10 business days** prior to your event date and must be submitted in original format. Please **do not** submit a .pdf or .jpg

**TRANSPORTATION**

Requests for Transportation Services must be submitted a minimum of **14 calendar days** prior to the date of the planned trip. The decision which vehicle will be assigned will be made by the Head of the Transportation Ministry. If the trip is over 25 miles from Reid Temple AME Church, please submit your request **30 calendar days in advance** of the intended date of activity.

*If you have any questions or have not received a response within **5 business days** of your request submission, please contact the Ministry Office of Operations at [requestforms@reidtemple.org](mailto:requestforms@reidtemple.org) or 301-352-0320 ext.334.*