



Event Profile

PLEASE complete ALL of the requested information along with a deposit (if required) to secure an event date.

Organization Name: _____

Contact Person: _____

Address: _____

Contact Number: _____

Contact Email Address: _____

Event Date: _____

Time of Event: _____

Set Up Time: _____

End Time: _____

Number of Guests: _____

Style of Service: Buffet Plated

Serve Time: _____

BANQUET SERVICES	TABLE SET-UP
<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> RECEPTION/SOCIAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Table Cloths/Napkins: Size: _____ Linen Color: _____ <input type="checkbox"/> Plates: <input type="checkbox"/> Clear: <input type="checkbox"/> China: Quantity: _____ <input type="checkbox"/> Chair Covers: Quantity: _____ <input type="checkbox"/> Ties: Quantity: _____
SPACE REQUESTED	THE SANCTUARY
<input type="checkbox"/> SANCTUARY <input type="checkbox"/> CHOIR ROOM	<b style="background-color: #f2f2f2;">FAMILY LIFE ADMINISTRATION CENTER <input type="checkbox"/> FELLOWSHIP HALLS- A <input type="checkbox"/> <input type="checkbox"/> LYNN CHANCELLOR FELLOWSHIP HALL

Menu _____

THANK YOU FOR ALLOWING US TO SERVE YOU!

Will there be a vocalist? [] Yes [] No Will vocalist utilize a music track? [] Yes [] No
(Tracks must be on cd & submitted 48 hours in advance of events)

Will you utilize additional stage lighting or A/V equipment? [] Yes [] No Are you providing musical instruments? [] Yes [] No What types?

Will there be a video presentation? [] Yes [] No [] CD [] DVD [] Thumb Drive
(must be submitted 48 hours in advance of events)

Will you require video recording of the event? [] Yes [] No (Please note we do not edit recordings)

Screen(s) Requested: [] Yes [] No [] Drop down [] Portal
Number of Mic(s): Corded _____ Wireless _____

*Will be determined based on the number of guests and type of food service.

**Based on number of guests.

***Based on your audio visual requirements for your event

Layout: Please indicate how the room(s) will be arranged for your events. If this space is not large enough, please provide on a separate page. The layout MUST be provided to finalize your request for an event.

Note: All CD's, Music Tracks and DVD's for presentations MUST be submitted at least 48 hours in advance of events.

Signature

Title

Office Use Only

Facility Staff

Table: Quantity:

Round _____ Rectangle _____ 6ft. _____ 8ft. _____

Chairs: Quantity:

**Maintenance Staff: _____

**Event Manager (s): _____

***Media Staff:

Audio Needs: _____

Number of Techs: _____

Visitors Chapel A.M.E. Church 518 N. Estrella St., El Paso, Texas 79928 915-565-2370

vcameelpaso.org

Received By

Date

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