RECEIVED	
BY	

MINISTRY REQUEST FORM

(FOR WORSHIP SERVICES ONLY)

Name:				Ministry				
Phone No	(H)		(W)					
Email Address:								
	□ New Event [ancellation		nange 		
Title of Event								
Date	Start Time:		rly Set-U	lp Time:	Break-[Down Time:		
Requestors' Signature								
				For Service				
	IF YOUR MINISTRY HAS BE	EN REQUESTED, PLE	EASE AC	RPERSONS/PRES KNOWLEDGE REC II TO REQUESTING	EIPT BY SIGNIN	IG NEXT TO YOUR MINISTRY		
	MINISTRIES & FINE ARTS (CHECK ALL THAT APPLY)					SIC MINISTRY (ALL THAT APPLY)		
☐ Events Pla	nning Ministry			☐ Blessed	d Hands of Prais	se		
☐ Plan Ent	tire Event w/Your Input			□ Combin	ad Chaira			
☐ Food Se	an dee					orus		
☐ Rebekah Ministry ☐ Offsite Caterers				☐ MIME				
☐ Other				☐ More Excellent Way				
☐ Facilities _								
☐ Set-U	Jр			☐ Sacred	Wings of Worsh	nip		
☐ Sound	d/Lighting							
☐ Parking Attendants			☐ Voices of Triumph					
☐ Secui	rity							
□ M.uti	madia							
☐ Multimedia				☐ Musicians Only				
☐ Nurses			☐ Outside	musical guests	s (specify)			
	ography							
	rs					Sister Marcy Trueheart M&F	ΞΛ	
⊔ Othe	r					Interim Coordinator	Λ	