

Calendar/Event Request Information

All requests should be submitted 4 weeks prior to event

Contact Person:		Ministry:	
Phone/Cell:	Email:		
Event Name:*All internal events should	Date:events should reflect the vision/mission, "Loving God, Loving Others, Making Disciples"		
Event Details:			
Proposed # of attendees:		Unlock Time: _	
Event Type: Church Ministry _	Individual .	Non-Mer	mber
Location (check all that apply):		
Sanctuary Conference Rm _	Class Rm Ch	oir Rm Prayer F	Rm Loft
Fellowship Hall Class Rm _	Children Rm	Computer Rm C	Outdoors
Event Needs:			
*Security (\$25/hr) *Set Up/Clean (\$50) A/V (\$25/hr) Musicians (\$50/hr)Projec	Music	Catering Program	Speaker Travel Honorarium *Cert Insurance
	sored events will requ	ıire deposits upon ap	items for consideration prior to opproval for security and set up/mild y event.
Submitted by:	Date:		
Office Use:			
Admin Review Date: Ap	proval	Pastor Review	Date: Approval
Response to submitter	Date:	Denial Reason:	

(5/19)