Grace Harbor Event

Planning Form

To provide efficient communication regarding your upcoming event, please complete all necessary spaces and return this form to the office at least two weeks prior to your event.

		<u>-</u>			
		OFFICE USE O	NLY		
Received By:		Date:		☐ Added to Calendar	
Approved By:		Date:			
Ministry Team:					
Contact Person:			Today's Date:		
Email Address:			Cell Phone:		
Alternate Contact:			Cell Phone:		
Title of Event:					
Curriculum/teachin	g/content:				
Date(s) Requested:		If recurring			
			Start:	End:	
Who will attend/inv			Time:		
Communication Pla	ın (Cancellation notification	ons, time chan	ge, etc):		
Facility					
Areas Requested: ☐ Sanctuary	☐ Children's	□ Infant	Nursery	☐ Off Site	
			r Nursery	□ OII JILE	
	cial equipment requested				
Access to building:	, ,				
☐ Need Keys	☐ Have Keys				
Cleaning plan:					

Is the	you a member of Grace Harbor Church of Sitka, Alaska? nis activity a "for profit" event nis activity a recruitment event for a business nere a curriculum that will be taught?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No□ No□ No□ No	
	nere is a curriculum, please attach a copy of the outline of	material to be co	vered	
	er of Grace Harbor Church, I verify that this event/study a Church Covenant.	ligns with the Gra	ace Harbor Staten	nent of
Signature (Type in your name)			