

CALANDER REQUEST FORM

****FORMS MUST BE HANDED IN 3 WEEKS PRIOR TO EVENT****

NAME OF THE PARTY WHO REQUESTS EVENT: _____

PHONE NUMBER: _____ TODAYS DATE: _____

DATE OF THE EVENT: _____ DAY OF EVENT (CIRCLE ONE): S M T W TH F S

BEGINNING TIME: _____ AM/PM & ENDING TIME: _____ AM/PM

___ ONE TIME ___ WEEKLY ___ BI-WEEKLY ___ MONTHLY END DATE: _____

DESCRIPTION OF EVENT: _____

NAME OF EVENT: _____

LOCATION OF EVENT: ___ SANCTUARY ___ KIDCARE BUILDING ___ FELLOWSHIP HALL

___ OFF CAMPUS _____

PREPERATION NEEDED/IF SO WHAT: _____

SOUND/LIGHTS NEEDED: _____

WHO IS THE RESPONSIBLE PARTY FOR CLEAN-UP: _____

PHONE NUMBERS: HOME _____ WORK _____ CELL _____

NAME & PHONE NUMBERS OF THE PARTY WHO WE CONTACT THROUGHOUT EVENT: _____

*****ALL REQUESTS ARE NOT SET UNTIL APPROVED BY PASTOR*****
AT WHICH TIME YOU WILL BE INFORMED

BOTTOM PORTION IS FOR OFFICE USE ONLY

APPROVED: YES _____ OR NO _____ REASON: _____

SIGNATURE: _____ DATE: _____

Date Received

DATE ADDED TO CALANDER: _____

DATE LEADER WAS CONTACTED FOR APPROVAL: _____