



Calendar Request

Today's Date ___/___/___ Person Making Request _____

Event Name _____

Description of Your Event

Date of Event ___/___/___ Starting/Departure Time ___:___ Ending/Arrival Time ___:___

Regularly Occurring Event [Start Date ___/___/___ / Stop Date: ___/___/___]

Location of Event _____

Event Contact Name _____ Phone: (____) ____-_____

Rooms Needed (If At Church Building) _____

- Location has been secured, if off campus
- Contract and payment information attached

Audio/Visual Needs _____

Other Needs (promotion, cost, etc.) _____

OFFICE USE ONLY

- Request Denied
- Further Information Requested
- Request Accepted

Minister Signature _____ Date: ___/___/___