



CALENDAR SCHEDULING REQUEST

New Event _____

Cancellation _____

Change _____

Recurring _____

GENERAL INFORMATION

Name of Event To Be Placed On Calendar
(As it is to appear in print) _____

Day of Event _____

Start Time _____

Alternate Dates _____

Ending Time _____

Early Set-Up Time (Specify) _____

Break-Down Time (Specify) _____

Number of People To Attend _____

Purpose of Event _____

Building/Rooms Requested _____

Briefly describe the ministry/event: _____

Applicable Support Requests:

Use of Facilities

Worship Ministry Support

Hospitality

Greeters Support

Technical Arts Support (Sound/Video)

Keys Needed

Security Support

Other _____

Transportation (busses)

Additional Comments _____

Person Making Request _____ Phone/Email _____

(Signature)

Ministry/Department _____ Position _____

FOR OFFICE USE ONLY

Approved and Scheduled

Not Approved

Reason(s) For Decision _____

Approved By _____ Date _____

WHEN COMPLETED PLEASE RETURN TO MIKI INGRAM, CHURCH SECRETARY

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