

SCHEDULING/ACTIVITY REQUEST FORM

Name of Support Ministry _____

Contact Person _____

Telephone Number: Home _____ Work _____ Beeper _____

Event Requested _____

Date Requested for Event _____

Time Requested _____

Will monies be collected from the individual participants for this event? ___Yes ___No

Briefly Describe the Event _____

Number of Persons Expected _____

What church equipment, space, support people, staff services or support people will be needed?

What rental equipment will be used?

*All activities must be approved ten (10) working days prior to the date requested.

Do Not Proceed With Plans For Date Requested Until You Have Been Notified By The Designated Scheduling Committee Member.

_____/_____/_____
Signature of Support Ministry Chairperson Date

_____/_____/_____
Signature of Official Contact Person Date

For Office Use Only

Request Approved _____ Request Denied _____

Finance Dept. _____ Contact Person Notified _____
Date

_____/_____/_____
Signature of Scheduling Committee Representative Date

(Please fax this form to S. Web at 404-346-2065)