

| Title of Event: |
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| Event Date: |
| Purpose of Event: |
| Staff Contact: |
| Point Person: |
| Point Person's Email: |
| Point Person's Cell Phone: |
| Registration Start Date: |
| Registration End Date: |
| Event Setup Time: |
| Event Start Time: |
| Event Stop Time: |
| Event Cleanup Time: |
| Is there a cost to participate? If so, how much? |
| Budget Expectations: |
| What church facilities and resources are you requesting: |
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| Please be specific about room set-up requests here: |
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| Will you need any technology set-up? |
| Will childcare be available? |
| Are there any additional details that you are able to share? |
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| For Office Use: |
| Approved on: |
| Staff Approval: |
| Communication Plan: |
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