

Event Collaboration Form

Department:

Mens Sunday School Outreach Silver Eagles CARE

Multimedia Synergy Ladies

Risen Chosen Décor/Hospitality

Music Academy Daycare Celebrate Recovery

Date for event:

Time for event:

Location for event:

Event Information:

Does this event need to be advertised on the

_____ Website

_____ Facebook

_____ Twitter

Does this event need sound ___yes ___no

Department Leader Signature _____

Date: _____

All forms need to be turned into Sis. Tonya for calendar approval.

(Office Use Only)

Turned in Date: _____

Approved Date: _____

Comments: