



5427 Indian Head Highway  
 Oxon Hill, Maryland 20745  
 201-567-4129  
*Reverend Jonathan Davis, Pastor*



<b>Request for Program</b>	
Organization/Ministry/Auxiliary	Date of Request
President/Director /Coordinator /Contact Person	Telephone Number:  Email:
Activity/Program Name:	Date & Time and Duration of Activity (this should include set up and tear down)
Purpose and Brief Description of Program:	
Location Needs for Service: please circle  Church Bldg.: Sanctuary Fellowship Hall Kitchen  HOH Center: Down Stairs(rooms) Upstairs (rooms)  Outside Facility	Transportation Needed: Yes ___ No ___  Total Mileage: _____  Driver Needed: Yes ___ No ___
Brief Description:	Funding Needed: Yes ___ No ___  If <b>Yes</b> , has Voucher been Submitted: Yes ___ No ___  Amount Requested: \$ _____
Submitted Date:	
Received by Steward of Ministry or Steward Board on:	
Additional Information Needed:	
Date Denied and explanation:	
Date Approved:	