

SERVICE EVENT FORM

(Please Print Clearly)

Date: _____

Requested by: _____ Ministry: _____

Type of service or event: _____

Service/Event Dates: _____ Times: _____

Person responsible for opening and closing the church? _____

What area(s) of the church will be used? _____

Personnel needed _____

Equipment, supplies, etc. needed: _____

Name of Guest Speaker/Group(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home): _____ (Work): _____

Church Affiliation: _____

OFFICIAL SIGNATURES:

Person Requesting: _____ Date: _____

Divisional Leader: _____ Date: _____

Administrator: _____ Date: _____

Secretary: _____ Date: _____

DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY ADMINISTRATIVE STAFF

This service/event has been cleared with Pastor Ricks and it has been:

.. _____ approved
.. _____ approved with the following (exceptions): _____

.. _____ disapproved because: _____

CC: Pastor __, Person Requesting __, Church Administrator __, Divisional leader __, Chairperson of Trustees __