

**LEADERSHIP MINISTRY EVENTS  
REQUEST FORM**

Date \_\_\_\_\_

Ministry: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Name/Contact Number:

Title:

Event: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Alternate Date(s): \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Please check the applicable categories. We will be utilizing the following:

Main Sanctuary

Fellowship Hall

Kitchen

All

Will you need assistance from the custodian? Yes  No

If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to accommodate your request in a timely fashion, please submit your request at least (1) month in advance. REMINDER: Please make sure whatever accommodations requested are left in a decent and orderly manner.

Confirmation: \_\_\_\_\_

Leadership Ministry Planning Team

Date: \_\_\_\_\_

Cc: Custodian  
Files