| Please fill out each field in print & Submit to church admin. |
| --- |
| **Auxiliary Name**: | **Point of Contact E-Mail**: |  |
| **Phone**: | **Date Submitted**: |
| **Title of Event**: |
| **Purpose**: |
| **Event Date**: | **Event Time**: |
| **Estimated Attendance**: | **Estimated Cost**: |
| **List of Items/Materials Needed**: |
| **Departments Requested:**:[ ] Music Ministry [ ] Security [ ] Ushers/Greeters[ ] Hospitality [ ] Deacons/Deaconess [ ] Audio/Visual[ ] Finance [ ] Dance Ministry (Adult) [ ] Youth Dance Ministry[ ] Other:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administrator/Clerk: |  |  | Date Signed: |  |
| Event Coordinator: |  |  | Date Signed: |  |
| Ministry Manager: |  |  | Date Signed: |  |