| 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: |  |