

MINISTRY REQUEST FORM

Name of Ministry:		Date:
Contact Person(s):		Phone:
E-mail:	Start Date & Time:	Weather:
List Goals: 1		
Assistants/Helpers needed? List any special needs?		2
If children involved, parental permission	Supervision/Chaper	_
Is this event open to/for anyone: [] Yes	[] No, only:	Explain:
Amount Requested: [] No Funding. [] One time on	ly \$ U] etc [] Est cost: \$ Use of funds:
* AN ITEMIZE / BREAK-DOWN OF FUNDS	IS REQUIRED. No approval wit	hout estimation. You may use the back of pag
* If by, if the	e minimum of	isn't reach, then CANCEL EVENT.
How will you advertise, other than work What, if anything, are you doing 'new',		
Risk Management: Security/Safety Plan:		
Is (additional) insurance required: [] No		
OTHER potential risk:		
Comments:		
Measurement : What does a successful To whom/where can LCC donate 'left-or		
STOP, TO BE COMPLETED BY LIFE [] Approved [] Denied,		nore information:
Is this event closely related to another N		
Funding awarded to:	Ck#: e-\$:	Date:
Signature:	Print Name, Position:	