



# Ministry Event Request

Date \_\_\_\_\_

## Event Information

Event Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

## Coordinator Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Set-Up Requirements

# of People  
Expected \_\_\_\_\_

Type of Event \_\_\_\_\_

Equipment  
Needed \_\_\_\_\_

ON REVERSE SIDE: PLEASE MAP OUT FLOOR PLAN

STAFF: Date Entered into Calendar \_\_\_\_\_



# Ministry Event Request

Date \_\_\_\_\_

ROOM/SPACE REQUESTING \_\_\_\_\_

STAFF: Date Entered into Calendar \_\_\_\_\_