

Center for Hope Ministries

Event Request Form

Please complete this request 7 business days prior to the event date,
and return it to the receptionist's mail box.

Today's Date: _____

Name of Auxiliary / Ministry: _____	Leader: _____	
Contact Person: _____	Contact Phone: _____	Email: _____

Name of Event _____ Location: _____

Date requesting: _____ Start time of event: _____ End time of event: _____

Are vans or authorized drivers needed? _____ If yes, please be sure to submit a Vehicle Use Request Form.

Description and purpose of event: _____

Who is the event designed to reach? _____

Plan of Action: (How will this event be organized?) _____

What other Ministries will be involved to ensure the success of this event? **Please specify:** _____

Request submitted by: _____ Date: _____

YOU MUST HAVE YOUR DIRECTOR'S SIGNATURE BEFORE SUBMITTING

Director's Signature: _____ Approved: Yes No

Please allow one week for the process and response of your request:

*If you need to use the church building for this event you must also fill out the other side of this form

For Office Use Only

Date Received: _____

Approved: Yes No

Reason Denied: _____

Modifications & Comments: _____

Copies Forwarded to: Deacons Security Other

Signature: _____

Date: _____