

Activity / Calendar Request Form

Date Request Submitted: _____

Name of Group: _____

Person in Charge of Event: _____

Phone: Day - _____ Evening - _____

Activity: _____

Purpose: _____

Date(s) Requested: _____

Time Event Starts: _____

Time Event is Finished: _____

Event Location: _____

(If the event will be held at HCF, please specify which room(s) will be used.)

Sound Assistance Needed (Recording/Reinforcement): _____ YES _____ NO

Nursery Care Desired (Childcare/Babysitting): _____ YES _____ NO

(If Nursery Care is desired, please additionally complete a *Request for Nursery Services* Form.)

Transportation Needed: _____ YES _____ NO

Means of Transportation: _____

Total Cost: _____ Whom it is to be Paid By: _____

Cost Includes: _____

Details of Event: _____

----- (For Office Use) -----

Approved by Elder _____ Date _____

Approved by Ministry Leader _____

Post _____ Inform _____ Pastor _____