

# Life Springs Christian Church

## EVENT REQUEST

Approval is contingent upon availability of rooms, other functions and program funds. **Please submit this form two weeks prior to event.** If funds are requested, please submit a Disbursement form **two weeks prior to event.** Approval must be granted by Administration. Once the request is approved it will be placed on the Master Calendar by Administration and you will receive a signed copy of the request.

### General Information

Name \_\_\_\_\_ Department \_\_\_\_\_

Email Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### Activity Information

Event Coordinator \_\_\_\_\_

Is this a weekly or monthly event? \_\_\_\_\_

Location of Activity \_\_\_\_\_ Room Number \_\_\_\_\_

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

Proposed Cost \_\_\_\_\_ **Remember to fill out a Disbursement Form.**

Is this event figured into your budget? \_\_\_\_\_

Circle Special Needs: media, music, maintenance, kitchen, ushers, keys

Would you like this event in the Church bulletin? \_\_\_\_\_ Website? \_\_\_\_\_

Will you need a van? \_\_\_\_\_ Childcare? \_\_\_\_\_

### Approvals- Please initial.

Pastor \_\_\_\_\_ Facilities Manager \_\_\_\_\_ (if applicable)

Administration \_\_\_\_\_ for Master Calendar