

CALENDAR SCHEDULING/ARRANGEMENT FORM

Use this form to request a date be added to the master calendar. If there is a conflict on date or arrangements, you will be contacted.

Date: _____

Name of church ministry: _____

Event: _____

Event date: _____

Day(s) of the week (circle): S M T W T F S

Beginning time: _____ Ending time: _____

Facilities needed: _____

Supplies/equipment needed: _____

Media Contact Needed: ____ Yes ____ No

Flyer/brochure needs to be developed: ____ Yes ____ No

Printed Program needs to be printed: ____ Yes ____ No

Number of anticipated participants: _____

Person in charge: _____

Phone: _____

Office Use Only:	
Date and space requested is available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event placed on Master Calendar by: _____	Date: _____
Comments: _____ _____	