

DATE REQUEST FORM

Date of Request: _____

DATE AND TIME OF ACTIVITY _____

ALTERNATE DATE _____

TIME OF PROGRAM/ACTIVITY _____

SPECIFIC LOCATION:

(Check one)

- | | |
|---|--|
| 1) Main Auditorium <input type="checkbox"/> | 2) Lower Auditorium <input type="checkbox"/> |
| 3) Kitchen <input type="checkbox"/> | 4) Conference Room <input type="checkbox"/> |
| 5) Parking Lot <input type="checkbox"/> | 6) Sidewalk <input type="checkbox"/> |
| 7) OTHER <input type="checkbox"/> | |

PURPOSE: _____

CHURCH WILL BENEFIT BY ACTIVITY IN THE FOLLOWING MANNER:

PERSON MAKING REQUEST: _____ Telephone #: _____

GROUP NAME: _____



Approved _____
DATE

BY _____

Denied _____
DATE

BY _____

REASON: _____

