

## **MEETING / CLASS / EVENT REQUEST FORM**

6530 Spanish Fort Blvd., Suite D, Spanish Fort, AL 36527 / 251-626-1334 ~ ministries@spanishfortumc.org ~ revised 03/22

This form must be **completed in full & returned** to the church office. - \*Missing data may delay approval.

Start Date:	*End Date:	*Begin Time:	*End Time:	Recurring? O Yes	s O No	
Recurrence Info (days o	of week, frequency, etc.):		Discipleship Pathway:	O Connecting O Growing	O Exploring O Multiplying	
Mtg/Class/Event Nam	le (how it will appear in all public	ations):				
Mtg/Class/Event DET	AILED Description (how it w	ill appear in all publications):				
Leader(s):		*Contact #(s):		E-mail(s):		
Campus Requested:	O Main O West O Off-Site	*Room #:	Est. # Participants: _	Key Needed:	O Yes O No	
Transportation Needed	d: O Yes O No Transpor	tation Type: O Large Bus (C	DL Required) O Small Bus O	Rental O Disaster Trailer (	Own Cars O Other	
Other Transportation Details:			Qualified Driver Name:			
Study Material Require	ed: O Yes O No Book Na	me/Author:			# Needed:	
Study Material To Be C	Ordered By:	Pickup lı	structions:			
Costs for Books/Class	s/Event? O Yes O No Am	nount: Payab	e When:	Payment Deadline	ə:	
			Served: O Yes O No Food			
Special setup, equipm	ent requests: O Yes O No	o If yes, describe:	Ab b wal			
Special setup, equipment requests: O Yes O No If yes, describe:			(tne cnurcr	Contact #:		
*Publicize? O Yes O	No <b>Publicize Where</b> : O B	ulletin O Contact Newsletter	O Slides O Other:			
Graphic Work / Assis	tance Needed? O Yes O	No What Items?			· · · · · · · · · · · · · · · · · · ·	



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## FOR OFFICE USE ONLY

Approved: O Yes O No Approved by:	Approved Location:	Date Submitted:	
Key issued: - O Yes O No Date checked out:	by:   Key returned: O Yes O	No Date returned: by:	
Date entered on Google Calendar:	Date Approvals/Form Copies Returned :	O Email O Mailboxes	
Bus Driver:			
Nursery workers:			
Food ordered from:	Food ordered by:	Date Food Ordered:	
Books ordered from:	Date order placed:	Cost per book:	
Graphic Materials / Ideas / Copy Submitted: O Yes O No	Date Publication Info Received:	Date Given to Communication:	
A/V Equipment Needed:		Date Given to A/V Technician:	