

ACTIVITY REQUEST FORM

**This form must be completed and turned into the church office
2 weeks prior to the requested activity.**

Group Name: _____

Date of activity: _____ Time: _____

Location of activity: _____

Telephone number where you can be reached during activity: _____

Activities that will be included (schedule of events): _____

Leaders of activity: _____

RESOURCES NEEDED _____

Transportation needs: _____

Budget for activity: _____

How can the church office help? (Please check all that apply)

Include in Bulletin Announcements Rent transportation

Make phone calls Reservations Contact helpers

Other _____

| OFFICE USE ONLY | | Date received: |
|-----------------|--|----------------|
| Accept | | Questions: |
| Decline | | |
| Reschedule | | |