

**City Temple SDA Church
Calendar Request Form
(Submit at least 10 days prior to event date)**

Date Submitted _____ Date of Event _____

Name of Event _____

Event Begins _____ Event Ends _____

Starting Set-up Time _____ Date _____ Ending Clean-up Time _____

Space(s) Requested _____

Estimated Attendance _____ Primary Audience _____

*Description of Event _____

*How Does This Event conform to the Church's Mission Statement? _____

Will Admission Be Charged? () Yes () No Will Offering Be Collected? () Yes () NO

Type of Equipment/Serves Needed _____

Sponsoring Department _____

*Date Event Approved by Departmental Council _____

Department Leader _____ Phone # (Daytime) _____

(Evening) _____ Email _____

Comments _____

**Not necessary to fill out if the event has already been included on the church calendar.*

_____ **OFFICIAL USE** _____

Request Approved [] Denied [] by: Pastoral Dept.

Date Approved or Denied _____

Senior Pastor
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