

EVENT REQUEST FORM

CROSSROADS PENTECOSTAL ASSEMBLY

PLEASE SUBMIT THIS REQUEST FORM AT LEAST 21 DAYS BEFORE YOUR EVENT.

(PLEASE DO NOT ADVERTISE YOUR EVENT UNTIL YOU RECEIVE BOARD APPROVAL)

EVENT: _____

DATE _____ TIME _____

DURATION _____ AGE GROUP _____

WILL THERE BE ANY FOOD INVOLVED? PLEASE SPECIFY

ROOM(S) NEED FOR THE EVENT:

PURPOSE OF THE EVENT:

DESCRIPTION OF THE EVENT THAT WILL TAKE PLACE:

PERSON RESPONSIBLE FOR THE EVENT

PLEASE PRINT

SIGNATURE

DATE _____ 20____ PHONE _____

THE CHURCH BOARD OF CROSSROADS PENTECOSTAL ASSEMBLY HAS REVIEWED THE REQUEST FOR THIS EVENT AND THEREFORE (GIVE /NOT GIVE) THEIR APPROVAL.

DATED: _____ 20____

SIGNATURE OF CHURCH BOARD SECRETARY