

Offsite Function Form

Conflict No Conflict

Date Received: _____

Received by: _____

Please complete all necessary information to schedule your event. You will be contacted once your form has been processed. Please do not publish any information concerning your event until you have received approval.

Contact Name: _____ Phone: _____

Ministry/Dept: _____ Purpose: _____

Ministry Head: _____ Pastoral Approval: _____

Leadership: _____ Expected Attendance: _____

LOCATION

EVENT / FUNCTION DATE: _____ DAY: Mon Tues Wed Thur Fri Sat Sun

Event Start Time: _____ am pm Event End Time: _____ am pm

One time Function

Recurring: weekly monthly Other: _____ End Date: _____

PLACE: _____

Address: _____ City: _____ Zip: _____

Directions: _____

For Office Use Only

Pastor's approval _____

Conflict: _____

Conflict decision reached: _____

Copy given to Contact Person

Notified Contact Person – approval or denial

Changed "Pending" to "Approved" in Computer

Receptionist initials: _____

Approved by: _____ Date: _____
(Church Business Coordinator or Ministry Coordinator)