

All activities held at Calvary Church must be scheduled with the Church Office.
 Please submit this completed form **30 days prior** to your event.

Please fill out this section completely

REQUIRED INFORMATION

This event is for: Adults Youth Children (Financial, Van and Charter Bus information on back page two)

Event Name: _____ **Class** _____ **Cost\$** _____

Departure Date/Time: _____ Return Date/Time: _____
 (These times will be published) (These times will be published)

Location: _____

Chaperones: _____

Contact Person for Event: _____ Daytime Phone for Contact Person: _____

Ministry Leader Approval: _____ Date _____

Please answer all colored questions

ADDITIONAL INFORMATION

*Must be completed 14 days prior to event.***

Information to be included on Permission Slip:

Media:

Announcement Wording (for Bulletin, Newsletter, Power Point and Web Calendar) *(Announcement permitted in bulletin 3 weeks prior to event. Remember to limit the announcement to 50 words or less; be sure to include who, what, when, where, why).*

****30 DAYS NOTICE REQUIRED FOR NEWSPAPER AD or BANNER.**

Would you like a PowerPoint Slide? No Yes

Contact Pastor Jacky Ritter (ext. 324) **30 days in advance** if you need Lobby Space, 4' Display Table, Sign up Sheet, Frame and/or Easel Display.

Need a map link? No Yes

If Yes, please provide *complete address*, including zip code: _____

Over please

Financial: (Purchase Orders & Receipts Processed Separately)

Will a Church credit card be needed? No Yes

Will a Church check be needed? No Yes

If yes, please complete following information: Amount of check & dated needed:\$ _____

Payable to: _____ Purpose: _____

Type Van needed: _____ Number of Vans Needed: _____

(Note: Maximum of 10 children per van)

Pick up Time/Date: _____ Drop off Time/Date: _____

Driver's Names: _____

Charter Bus: (Note: A minimum of 30 passengers are required)

Briefly describe the activity (purpose of your charter): _____

Pickup Point (or Departure City): _____ Departure Date & Time: _____

Destination City & Address: _____

Person in Charge: _____ Cell Number: _____ Home Number: _____

Return Date & Time: _____

Number of Passengers: _____ Any additional information/special needs: _____

Additional Notes:

Pastoral Approval (Required): _____ **Date** _____

Received in office _____
Date/Time/Initials

For Office Use

Copies to: Pastor David / Velma
 Pastor Tom / Cyndi
 Pastor Troy / Holly

Pastor Linda / Sherri / Holly
 Pastor Jacky
 Cheri Charlie Matt Patsy Donna
 _____ Other

Posted to Web Calendar _____