

CALVARY CHURCH OFF-SITE ACTIVITY REQUEST

Must be submitted 30 days prior to your activity.

Once your activity is approved, you will receive a pdf copy from Velma Musser via email.

Your Name: _____ Today's Date: _____

Your Phone: _____ Email: _____

Activity Information

Activity Name: _____ Activity Date(s): _____

Activity Address: _____

City/State: _____ Zipcode: _____

Activity Start Time: _____ Activity End Time: _____

Chaperones: _____

Activity Contact Person: _____ Daytime Phone: _____

Activity Description (for Web Calendar): _____

Select all that apply to your Activity:

Audio

Permission Slips

Vans/Bus

Map Link on Web Calendar

Ministry Leader Approval: _____ Date: _____

Pastoral Signature: _____ Date: _____

Activity Approved: YES NO Date/Time/Initial _____

Contact _____ at 294.2788 to go over the activity's checklist.