

# CALVARY CHURCH

## ON-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: \_\_\_\_\_

Activity Start Time: \_\_\_\_\_ Activity End Time: \_\_\_\_\_

Setup Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Activity Description (for Web Calendar): \_\_\_\_\_

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Is this Activity recurring?  Yes  No If Yes, select:  Weekly  Bi-Weekly  Monthly

Expected Attendance: \_\_\_\_\_

Select all that apply to your Activity:

Kitchen  Tables  Chairs  Child Care  DVD/TV

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.

Your Room Assignment(s): \_\_\_\_\_