Ministry Team Leader Approval:

## **Calendar Request Form**

(Signature)	Calendar Request Form	
Completed forms should be	turned into the Elders/Calendar Request Fo	rm Box outside the office.
Team / Group:	Contact Person:	
Phone:	E-mail:	
Event Title:	Date of Event:	
If this date is not available do you have a	second choice?	
	leanup) Start:	
-	ase specify here (subject to FM approval) :	
	Off Site (Where:	
If you will need the	church van, please complete the information of the b	pack of this form.
-		
· · · · · · · · · · · · · · · · · · ·		
How does the event correspond with the r	nission of the church?	
Who will be involved in this event?		
What expenses will be incurred with this	event and how will the costs be covered?	
	_	
Will vou need assistance communicating	this event to the congregation?	
	mber will follow up with you about assisting w	
How can the elders pray for you with rega	ard to this event?	
Room Request		
U Worship Center	Fellowship Hall	Classrooms (room #s)
☐ Kitchen	□ Church Grounds (outside)	
Equipment/Furniture		
$\Box \text{ Tables } \#_{\_\_\_}$	Chart Stand	☐ Other:
Chairs # Audio/Visual	Dedium	
Microphones #	Video Projector	Other:
$\Box TV/DVD$	Screen	
	Saturday are responsible for full clean up and set es Manager for a checklist of things to complete b	
r lease see r achiu	es Manager for a checklist of things to complete i	betore reaving.
For Church Office Use Only:		
Facilities Manager notified – Date		n notified – Date
Audio/Visual Team notified – Date _	Communication Fo	ollow-up by staff – Date
Approved: Date:		
	Reason:	
- Not Approved. Date:	KCaSUII	

## **Transportation Request**

for use of Church Van

Complete and return to church office for coordination. Please arrange for keys, gas, etc. during office hours.

## User agrees to return van in clean condition (be sure all trash is removed from interior) and with at least <sup>1</sup>/<sub>4</sub> tank of fuel. Mileage / inspection form must be turned in with key.

Requested by	/	
Requested by Request		Class / Organization
Home Phone / Work F	Phone	Purpose/Activity
Date and Time Period N	Needed (Van: 5 minimum, 12 max. includin	ng driver)
Number of fiders	$\frac{1}{10000000000000000000000000000000000$	ng driver)
Destination If traveling outside 50-m destination (attach if nece	ile radius of Upper Marlboro, please essary)	give general route you plan to take to and from
Sponsors of youth and each rider under 18 year		itten permission from the parent or guardian of
	thorization from a physician.)	25 and 70 years of age; Drivers over the age limits
Name	Address	
	_/	/
Date of Birth	Driver's License Number	Expiration Date
	is will help those responsible for ma	is Inspection" forms and leave in the church office intenance of the vehicles. Please note mileage and
	ot Approved By f Properties Committee or any Staff 1	member is authorized to approve requests.)
COMMENTS:	•	