

EVENT, MEETING & REHEARSAL SPACE REQUEST & SET-UP FORM



Name of Ministry _____

Event Name _____

Contact Person(s) _____

Contact Information Home _____ Work _____

Fax _____ Email _____

Event/Meeting/Rehearsal Date(s)

You will receive an email confirmation of approved dates/times.

Date Requested	Date Requested
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Number of Attendees (Approximate) _____ Time (a.m. or p.m.) From: _____ To: _____

Desired Location: _____

NOTE: Church & Buildings closing times:

8:00 p.m. Monday – Thursday; Use on Friday requires prior approval; Saturday 1:00 p.m.; Sunday - 2:00p.

Extended hours for the use of church and/or buildings requires prior approval.

Please check all that apply

NOTE: It is the ministry leader's responsibility to coordinate the requested service after confirmation of the date/time from the Administration Office.

- Media** - Contact Sister Eather Chapman Waldon (eacwaldon@verizon.net)
- Set-Up** - Complete information on reverse; Submit & Coordinate with Operations Office (Operations@NewSamaritan.org)
- ZOOM** – Contact Elder Danita Cohen (DCohen@NewSamaritan.org)

Date Received	Date Approved	Approved By

Please submit the form to ContactUs@NewSamaritan.org

