



# Shorewood

## Church of God

### CALENDAR REQUEST

Form should be submitted at least two weeks prior to the event.  
Please turn in completed form to the church office.

Today's Date: \_\_\_\_\_ Person Making Request: \_\_\_\_\_

Event Name: \_\_\_\_\_

DESCRIPTION OF YOUR EVENT:

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

If the event will be off campus, substitute departure and returning times.

\_\_\_\_\_ Regularly Occurring Event [Start Date: \_\_\_\_\_ / Ending Date: \_\_\_\_\_]

Location of Event: \_\_\_\_\_

Event Contact: \_\_\_\_\_

Rooms Needed: \_\_\_\_\_

\_\_\_\_\_ Location has been secured, if off campus

\_\_\_\_\_ Contract and payment information is attached

Audio/Visual Needs: \_\_\_\_\_

Other Needs (promotion, cost, etc): \_\_\_\_\_

Please rate in the order of importance to your event:

\_\_\_\_\_ Announcement

\_\_\_\_\_ Bulletin

\_\_\_\_\_ Eblast

OFFICE USE ONLY:

\_\_\_\_\_ Request Denied

\_\_\_\_\_ Further Information Requested

\_\_\_\_\_ Request Accepted

Lead Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_