

Ministry and Auxiliary Potential Dates Information Sheet

Aux. or Ministry Name: _____

Contact Name: _____ Phone: _____

Email: _____

***Event #1 Title and Date:** _____

Brief Description of Event:

***Event #2 Title and Date:** _____

Brief Description of Event:

***Event #3 Title and Date:** _____

Brief Description of Event:

***This form is for date approval only. If these dates are approved you will need to provide a project planner for each event. Needs to be in by January 15, 2016**