

ALLENDALE UNITED METHODIST CHURCH EVENT REQUEST FORM



NAME OF EVENT: _____

WHICH PART OF OUR MISSION DOES THIS EVENT FULFILL?

LOVE GOD (Worship)

LOVE OTHERS (Discipleship)

SERVE ALL (Volunteer work)

HOW DOES THIS FULFILL THE ABOVE MISSION?

DATE & TIME OF EVENT: _____

DURATION OF EVENT: _____

WHICH PART OF THE PHYSICAL FACILITY WILL BE USED?

WHICH GROUPS OR MEMBERS ARE ASSISTING WITH THIS MISSION AND
WHAT ARE THEIR ROLES?

WHAT ARE THE RESOURCES NEEDED FOR THIS PROJECT AND WHERE
ARE THEY BEING GENERATED FROM?

HOW IS THIS EVENT GOING TO BE ADVERTISED TO THE CONGREGATION?
HOW MUCH TIME IS NEEDED FOR THIS?

HOW IS THIS EVENT GOING TO BE ADVERTISED TO THE PUBLIC? HOW
MUCH TIME IS NEEDED FOR THIS?

POINT OF CONTACT FOR THIS PROJECT: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PERSON PRESENTING THIS TO CHURCH COUNCIL? _____

Events will not be calendared till they are approved by the church council.