

CHURCH EVENT REQUEST FORM

In order to secure your scheduled event on the approved Saint Paul AME Church master calendar, this form must be completed and approved by the Pastor and Event Committee.

Please contact Freda Reed at 678-385-3329 or 770-786-7785 to confirm availability date.

Form should be completed 30 days prior to event to assure all necessary arrangements have been approved. Your request is not approved until you receive an approved copy of this form. Please do not advertise your event until you receive confirmation. Final approval of all speakers is at the discretion of Rev. Dr. Lewis Logan II.

Date on calendar requested _____ **Optional Date** _____

Contact Information: Ministry/Organization Requesting Event _____

Contact Name: _____ **Phone #** _____ **Email:** _____

Space Needed: Sanctuary ____ Fellowship Hall ____ Conference Room ____ Class Rooms ____
Parking Lot ____

Name of Event: _____

Event Time: Start Time _____ End Time: _____

Set Up Needs: Yes ____ No ____ **Quantity Needed:** Tables ____ Chairs ____ Other Set Up ____
Please contact Bro. Robert Aiken for assistance.

Is Kitchen Needed: Yes ____ No ____

Person(s) responsible for Set-up: _____

Person(s) responsible for Clean-up: _____

Technical Equipment Needed: Please notify Sis. Brenda Reed (Tech Ministry)

Sound person ____ Video/Tech ____ Keyboard ____ Microphones ____ Other ____

Worship Coordinator: Please contact Rev. Job Cannon /Music Ministry

Music: Musician ____ Soloist ____ Praise/Worship Team ____ Choir ____

Childcare Needed: Yes ____ No ____ **Contact:** Sis. Alice Belcher

To be advertised: Yes ____ No ____ **Did you budget for outside advertisement?** Yes ____ No ____

Worship Bulletin ____ Sunday Screen Announcements ____ Web Site ____

On line Registration ____ Flyers/Posters ____

Greeters Needed: Yes ____ No ____

Ushers Needed: Yes ____ No ____

Contact: Sis. Ethel Robinson

Contact; Sis. Freda Broughton

Photographer: Yes ____ No ____ For more information, contact Bro. Rodrick Baker

Is this a Free Event? Yes ____ No ____ If no, what is the charge? _____

If Event is being finance by Ministry/Organization, was expenses requisition by Finance? _____

Signature of Event Coordinator: _____ Date: _____

Signature of Pastor: _____ Date: _____

Event Staff Initial _____ Date: _____ Total Charged: _____

Deposit Received _____ Date Deposit Received _____ Check# _____ Cash App

Paid in Full _____ Check# _____ Cash App Other _____