

Wrens Baptist Church

Calendar Request Form

Your Name: _____ Phone Number: _____

Email Address: _____

Ministry Area/Group Making this Request: _____

Preferred method of contact: email phone call Date/s of your event: _____

Type of Activity (briefly write a description below):

Expected Attendance: _____

Time of "setup" for the event: _____

Time of the actual event: _____

Time of "clean up" for the event: _____

Location of your event:

- Sanctuary
- Fellowship hall
- Sunday School Room *list the specific number or numbers here: _____
- Parking lot
- Off Campus *location: _____

What do you need from us:

- Promotion in Our Regular Church Publications
- Mini Bus
- Audio/Visual Equipment and Assistance

Senior Staff Signature

____/____/____
Date