

REQUEST FOR FUNDS

Date of Request:

Contact Person:

Representing:

Contact Number:

Name of Event:

Details of Event:

Date(s) of Event: (Include dates for setup and/or decorating)

Date: Beginning Time: Ending Time:

Date: Beginning Time: Ending Time:

Date: Beginning Time: Ending Time:

Location of Event:

Event Funded By: (check all that apply)

Church

Amount Requested:

Make Check payable to:

Organization

Amount Requested:

Private

Other

Facility Requirements: (check all that apply)

Will you need?: (check all that apply)

Sanctuary

Ushers

Fellowship Hall

Music

Kitchen

Pastor/Ministers**

Class Room(s)

Key Person**

Conference Room

Custodian**

Stage

Office Equipment Access

Northex/Foyer

Media/Sound (Other:)**

Church Van*

Reviewed By:

Approved By:

Not Approved By:

Date:

Other Comments: