

Event Request

Date of Request: _____

From: _____

To: _____

Event Name or Description: _____

Ministry overseeing: _____ Event Date: _____

Location: _____

Beginning Time: _____ Ending Time: _____

Person Responsible: _____ Phone: _____

Audio/Visual Need: Yes or No

Food Service: Yes or No

Child Care Needed: Yes or No

Security: Yes or No

Other information for the event: _____

ELKDALE