

Your Name _____ Today's Date _____

Spirit of Life Church Meeting / Class / Study / Event Request Form

Event Name : _____

Start Date : _____ End Date : _____ Time of Event : _____

If weekly or monthly, please list all dates within 1 calendar year. If longer than 1 year, please re-submit for the next year :

Leader / Point Person : _____

Team Members : _____

Sponsoring Ministry : _____

Desired Room / Space, if available : _____

Have you made arrangements to access the building? _____

Have you made arrangements to clean the spaces used? _____

What is the purpose of the event? _____

What is your desired outcome? _____

How will you determine the measure of success? _____

How does this tie – in or relate to our church Mission Statement? _____

All requests must be submitted to the board for approval. Requests should be submitted prior to the monthly board meeting for review. A board member will be in contact regarding approval. For follow up and / or approval, whom should the board contact? Name : _____

Phone or Email: _____

For board use only :

Approved on : _____ Board member assigned for follow up : _____