

Today's Date: _____

Calvary Church of the Quad Cities Calendar/Event Request Form

This form is to be submitted for every event sponsored by a Calvary Church of the Quad Cities ministry. It will be completed and approved by a director at least 10 weeks prior to the event date. You will then be contacted by a staff member who will assist you in coordinating all the details of your event.

Proposed Event Date: _____ Event Time: _____
(day, month date, year) (start time – stop time)

Event Name: _____

Department: _____

Contact Person: _____

Phone # / Email: _____

Event Description and Purpose: _____

Room Requested: _____

Min. Participants Count: ____ Yes ____ No If yes, minimum # _____

Max. Participants Count: ____ Yes ____ No If yes, maximum # _____

FOR OFFICE USE ONLY:

Date Received: _____ Received from: _____

PEP Form Needed: _____ If yes, when completed? _____

Director Approval: _____

Added to Calendar: _____ Added to Billy Boards: _____