

FIRST CHURCH OF THE NAZARENE

ACTIVITY FORM

(Fill out this form as completely as possible)

Today's Date: _____ Person filling out the form: _____

Date of Event: _____ Your request will be approved or denied within one week. In rare occasions, there may need to be a cancellation of an event keeping in mind the purpose of this local Church.

Beginning Time: _____ Ending Time: _____

Activity or Event _____

Person in charge of event: _____

Group Name: _____ Group Size: _____

Event Location: _____

Departure time (if applicable): _____

Set-up Time (if applicable): _____

What rooms Will You Need (if applicable):

- **IMPORTANT:** Please see back of this form for building responsibilities
- If the kitchen is being used, you will need to be checked out.

What **equipment** will you need (i.e. van, tables, chairs, TV?) If van, who is driving? Must be authorized by insurance company. See Edith

If you are planning to use the sanctuary, do you need sound equipment? _____
(An approved sound technician operating the system is required)

Announcement for Bulletin & Newsletter: (All bulletin and newsletter announcements should be submitted with your request for approval. Failure to do so will result in your event receiving no publicity.)

What **dates** would you like this to be in the bulletin? (2 Sundays allowed) _____

Special Instructions: _____

Confirmation:

Approved _____ Date _____ Initials _____

Copies To:

Notebook _____
Bulletin _____
Custodian _____
Calendar _____