

ST. MARK ACTIVITY REQUEST FORM (Please use a ball point pen, PRESS HARD and PRINT)

Ministry _____ Event _____ Date(s) _____ Time: From _____ to _____
 Contact _____ Phone _____ Email _____

Completed forms are to be given to your division servant for approval. IF APPROVED by division servant, the form will be given to the Executive Assistant to the Senior Pastor for scheduling. Ministries will be notified of approval, disapproval or the need for changes in the activity request.

ROOM SELECTION

WORSHIP CENTER

FAMILY LIFE CENTER

EDUCATION CENTER

FORM MUST BE TURNED IN AT LEAST 14 DAYS IN ADVANCE OF EVENT

RESOURCES

REGULAR EQUIPMENT

* Van Driver will be assigned based on availability

KITCHEN EQUIPMENT

FINANCE NEEDS

OTHER RESOURCES

ROOM SETUP

SOUND AND AUDIO/VIDEO REQUESTS MUST BE MADE AT LEAST 2 WEEKS IN ADVANCE OF THE

EVENT: (Sanctuary, Multipurpose Room, Gym Floor, Portable only)

Microphone(s)	Sound board w/instruments
Music (CD/iPod)	Audio Recording
Video Recording	Photography

Media Ministry Support Form must be attached when requesting any of these items.

CONSUMABLES

Indicate the number of each that you are requesting.

- _____ Paper Cups
- _____ Paper Plates
- _____ Knives
- _____ Forks
- _____ Spoons
- _____ Dessert Plates
- _____ Napkins
- _____ Take Out Containers
- _____ Bowls
- _____ Paper Table Coverings
- _____ Tables
- _____ Chairs
- _____ Bags of Ice

DO NOT WRITE IN THIS BOX APPROVAL/DISAPPROVAL

Event Scheduled	Yes	No
-----------------	-----	----

SUBMIT