

Event / Trip Application Form

Community Family Church

Department/Group: _____ Date: _____

Person Responsible: _____ Phone: _____

Event is at Church Trip/Off-Grounds Event Day/Date Requested: _____

Type of Event/Trip: _____

For an event held at the church, complete the following:

Time of the event: _____ Time the facility is needed: _____ thru _____

What facilities will you be using? (*check all that apply*)

Sanctuary Fellowship Hall Family Life Center Outside Grounds
 Room #: _____ Other: _____

Will you be serving food? Yes No Using kitchen facilities? Yes No

Will Nursery/child care be provided for this event? Yes No

I am responsible for set-up & clean-up for this event Yes No

I will pay to have the facility set-up & cleaned for this event Yes No

For a trip or off-grounds event, complete the following:

Destination: _____

Departure date: _____ Time: _____

Return date: _____ Time: _____

Transportation needed:

Van(s) How many? _____ Which one(s)? _____ Church bus

For an overnight stay, complete the following regarding where the group will be staying:

Place: _____ Contact person(s): _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Attach a list of all persons going on this trip, along with an emergency contact & phone number for them.

List any keys you need to reserve: _____

Comments: _____

Signature of person completing form: _____ Date: _____

Event/Trip is: Approved Denied (*see comments for reason*)

Signature authorizing event/trip: _____ Date: _____