



# CALENDAR REQUEST FORM

## Colonie Christian Life Center

[ All requests or changes must be submitted to the Church Office at least 3 weeks prior to the event. ]

### CONTACT INFORMATION

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Your Email \_\_\_\_\_ Your Phone # \_\_\_\_\_

Lead Person for the Event (if not you) \_\_\_\_\_

Leader's Contact Email \_\_\_\_\_ Leader's Contact Phone # \_\_\_\_\_

### EVENT INFORMATION

This request is for a:

- New Event       Change of information for a previously approved event

Event Name \_\_\_\_\_

Sponsoring Ministry Department \_\_\_\_\_

Brief Description of the Event \_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

One-Time Event

Recurring Event: Every \_\_\_\_\_ Until \_\_\_\_\_

### LOCATION

This Event will be held:

ON CCLC property: \*Please complete and submit a Building Request Form along with this form.

OFF CCLC property: Address of Event \_\_\_\_\_

Contact Person for Location \_\_\_\_\_ Phone # \_\_\_\_\_

### CHILDCARE

Will you be providing childcare for this Event?

Yes: By whom? \_\_\_\_\_ Where? \_\_\_\_\_

No



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### TRANSPORTATION

Will you be providing transportation for this Event?

- Yes: Pick-up location: \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_
- No

Will you be requesting use of a church vehicle?

- Yes: \*Please complete and submit a Van Use Request Form along with this form.
- No: Whose vehicle(s) will you be using? \_\_\_\_\_ Phone # \_\_\_\_\_

Will there be minors riding without their parents in any vehicles for this Event?       Yes    No

Have you supplied Permission Slips/Release Forms to all minors attending?       Yes    No

### FINANCES

What is the cost per person to attend this Event? \_\_\_\_\_

What is the anticipated cost to CCLC for this Event? \_\_\_\_\_

Do you plan to raise funds? If so, what is the plan? \_\_\_\_\_

### BULLETIN

Would you like to include this Event in the bulletin?       Yes    No

If yes, what would you like the announcement to say? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE

Approved       Denied

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

If Denied, Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_