



# Apostolic Faith Church

## REVISED Meeting Event Request

AUXILIARY/MINISTRY PROGRAM TITLE	<u>PLEASE ATTACH ORIGINAL FORM</u>
Today's Date _____	<b>START TIME</b> _____ : _____ AM / PM
Original Submit Date _____	<b>END TIME</b> _____ : _____ AM / PM
<b>Auxiliary/Group</b> _____	Function Type _____
Submitted By (name) _____ <span style="margin-left: 100px;">Auxiliary Leader</span>	Location/Room _____
Revised Function Date _____	Phone (Day / Eve) _____
# of People Expected _____	Contact Person _____

### REASON FOR CHANGE *(Please Complete)*

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<b>APPROVALS</b>	Department of Ministry	Date	<input type="checkbox"/> Maintenance <input type="checkbox"/> Multi-Media <input type="checkbox"/> Culinary <input type="checkbox"/> Support Services	<b>MAIN FOYER REQUEST</b> Table <input type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input type="checkbox"/> Yes <input type="checkbox"/> No Linen <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Main foyer requests will be granted on a priority basis</small>
	_____	_____		
	Department of Operations	Date		
	_____	_____		

**SUPPORT SERVICES:**  Security  Hospitality  Usher  Health Professionals  Beautification

### ADDITIONAL COMMENTS

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