

**Church of the Cross  
Request for Event Form**

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

Title of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

Funds will be used for:


Other resources needed:

Facilities:	Outdoor Area	Kitchen	Fellowship Hall	Sanctuary
	Chairs	Tables	Sound Equipment	Classrooms

**Church Office Use Only**

Date Request Received: \_\_\_\_\_ By: \_\_\_\_\_

Board Member		Date	
	Yes      No		

Board Member		Date	
	Yes      No		

Pastor		Date	
	Yes      No		