



Cathedral of Praise International Ministries
Bishop Craig W. Johnson, Visionary/Senior Pastor
SPECIAL EVENT REQUEST FORM



THIS FORM MUST BE SIGNED BY THE PASTOR.
 All Pertinent Information Must Be Provided for Processing

SECTION ONE: General Ministry Event Information

Event Name:		
Event Date:		
Event Time (start/stop):		
Event Set-up Time:		Event Clean-up Time:
Ministry or Ministries Hosting Event:		
Event Lead #1:	Phone#:	Email:
Event Lead #2:	Phone#:	Email:

SECTION TWO: Event Information (Brief Description of the Event)

SECTION THREE: Event Location Details

Off-site Event (please provide address):
On-site Event (number of rooms needed):
Estimated Number of Attendees: Adults: Youth: Children:

SECTION FOUR: Attached Forms (if applicable)

<input type="checkbox"/> Budget Request Form	<input type="checkbox"/> Speaker Request Form (if applicable)	<input type="checkbox"/> Work Order Form (for setup needs)
--	---	--

Additional Notes:

Ministry Contact Signature:	Date:
-----------------------------	-------

Pastor Signature:	Date:
-------------------	-------

FOR OFFICE USE:

Date Rec'd: _____ Rec'd By: _____ Approved: _____ Denied: _____ Sent to Ministry: _____ Added To Calendar: _____