

Parkway Baptist Church Calendar/Facility Request Forms

Date of Request _____ Person Making Request _____

Name of Organization/Class _____

Type of Event _____
(Banquet, Trip, Fellowship, Etc.)

How does this event fulfill the purposes of Parkway Baptist Church _____

| DATE, TIME AND LOCATION OF EVENT | | | |
|----------------------------------|----------|---------------------------|--|
| Day of Week _____ | | Date(s) _____ | |
| _____ | | | |
| | | Alternative Date(s) _____ | |
| Begin Time _____ AM | _____ PM | End Time _____ AM | |
| _____ PM | | | |

Marketing Plan – How will you advertise for your event?

EVENT INFORMATION

1. Number of People expected _____
2. Set up/decorating time: Begin _____ End _____
3. Equipment needed _____

(Set up diagram on back)
4. Event information (deadlines, departs, etc.) _____

CONTACT PERSON _____

PHONE _____

E-MAIL _____

| |
|-----------------|
| Office use only |
| Approved by |
| _____ |