

All Saints Church Event Request Form

DATE SUBMITTED: _____

SUBMITTED BY: _____

Phone#: _____

GROUP: _____

E-Mail: _____

Person(s) In Charge: _____

Phone#: _____

EVENT: _____

ROOM: _____

DAY(S) OF WEEK: _____

TIME: Start _____ End _____

Recurring: yes no

DATE: Start _____ End _____

TYPE OF EVENT: _____

No. of Attendees: _____

A/V Equipment: _____

Sport(s) Equipment: _____

Beverages: _____

Products: paper glass

Podium Flip Chart

Bus* *Please contact the Parish Administrator @ 407-599-4301 or

Childcare* (407) 647-3413 ext. 301

For Office Use Only:

Set up details

Entered by: _____

Date: _____

Copied to: _____

Set up: _____