



# ACTIVITY REQUEST FORM

In order to reserve the date and use of the building submit your completed form **10 DAYS PRIOR** to event. Should the event cancel or change, contact the church office as soon as possible. If the original event has changed send the appropriate details as soon as possible so these can be approved. Failure to do so could result in a cancellation of the event.

**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Audience:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

\*Include any helpful and promotional information that describes the activity (i.e. URLs, speakers, agendas, plan, etc.)

**List contact info for all team leaders that will help facilitate and be accountable for this activity.**

Name(s) and Cellphone(s): \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_ **Where will this activity take place (Check all that apply):**

**Projected Attendance:** \_\_\_\_\_  Fellowship Center

**Equipment Requested:** \_\_\_\_\_  Fellowship Foyer

\_\_\_\_\_  Main Foyer

\_\_\_\_\_  Main Sanctuary

**Event Begins:** \_\_\_\_\_ A.M. / P.M.  Nursery

**Event Ends:** \_\_\_\_\_ A.M. / P.M.  Outside Area of Way of Life Main Campus

**Setup Begins:** \_\_\_\_\_ A.M. / P.M.  Prayer Room

**Cleanup Ends:** \_\_\_\_\_ A.M. / P.M.  Training Center

**What type of event is this:** \_\_\_\_\_  Off-Site Location:

- Invitation Only
- Registration Needed
- Open - No Registration

**How often will this activity occur?**

- One Time
- Reoccurring

**Funding for this event:**

- No Funding Needed
- Funding Requested: \$ \_\_\_\_\_

**Will children under 18 attend?**

- Yes
- No

**Simple Church text message reminder to your group?**

- Yes
- No

**Graphic and Promotion:**

- In need of Graphic
- Have Graphic (1920 x 1080)

**Transportation Needed:**

- WOL 15 Passenger Van
- WOL 29 Passenger Bus

**Do you have appropriate Drivers and Riders Scheduled?**

- Yes (2 Van / 3 Bus)
- No

**1)** I agree to leave all rooms used in the same or better condition including; disposing of trash, cleaning room and floor, returning supplies, bathroom cleanup, equipment and furniture returned to their storage places. **2)** I will ensure that only approved spaces are used. **3)** I will ensure that all lights are turned off, doors secured and security system armed before leaving. **4)** If children under 18 are present, I will ensure that appropriate supervision will be provided in adherence to the Way of Life Policy.

**I have read and agree to comply with the Way of Life Activity Request Form.** (Approval email will be sent)

\_\_\_\_\_  
**Printed Name** **Email**