

Metropolitan Baptist Church

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Tyrone Skinner, Pastor

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EVENT REQUEST FORM (offsite)

PLEASE SUBMIT THREE (3) WEEKS IN ADVANCE

Name of Ministry / Organization:			
Ministry/Organization Leader:			
Submitted by (name):		Phone Number:	
Date Submitted		Time of Day:	
Name of Event		Date and Time	
Location:			
Purpose of Event and Participants:			
Other Special Facilities Needed?	Yes___No___		
Regular Event	Yes___No___	Special Event	Yes___No___
Church Coach Needed?	Yes___No___		
Deacon Liaison Name		Signature and Date	
Deacon Board Chair Name		Signature and Date	
Pastor's Signature of Approval			Date"
Comments /Remarks:			

