Print Clear Form Submit

Faith Deliverance Worship Center
Our Name Proclaims Our Ministry

SERVICE EVENT FORM

(Please Print Clearly)

Date: _____

Requested by:_____ Ministry: _____
Type of service or event: _____
Service/Event Dates: _____ Times: _____
Person responsible for opening and closing the church? _____
What area(s) of the church will be used? _____
Personnel needed _____
Equipment, supplies, etc. needed: _____
_____

Name of Guest Speaker/Group(s): _____
Address: _____City: _____State: _____ Zip: _____
Telephone: (Home): _____ (Work): _____

Church Affiliation: _____

OFFICIAL SIGNATURES:

Person Requesting: _____ Date: _____
Divisional Leader: _____ Date: _____
Administrator: _____ Date: _____
Secretary: _____ Date: _____

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY ADMINISTRATIVE STAFF

This service/event has been cleared with Pastor DeSeignora and it has been:

¨ ☐ approved
¨ ☐ approved with the following (exceptions): _____

_____

_____

¨ ☐ disapproved because: _____

_____

_____

cc: Pastor ☐ Person Requesting ☐ Church Administrator ☐ Divisional leader ☐ Chairperson of Trustees ☐