THE HISTORIC CALVARY BAPTIST CHURCH OF DOVER, DELAWARE

Master Calendar Date Request Form

Office of Church Administration

Bishop W. James Thomas, II, D. Min., Senior Pastor

PLEASE NOTE: Complete and email to MinistrySupport@CalvaryForward.org

Please do not announce any activities that have not been confirmed by the Church Office. ALL fields are required. Dates are reserved on a first-come, first-served basis.

Date Submitted:	**Submitted By:**

MINISTRY INFORMATION			
Name of Ministry:			
Ministry Leader:			
Telephone:		**Email:**	

DATE, TIME, AND LOCATION REQUESTED					
Date(s): start-end		**Start Time:**		**End Time:**	
Location Requested (Campus & Room):					
Is this a recurring event/meeting?: -		Requested day of the week:_____			
Frequency (yearly, quarterly, monthly, bi-weekly, weekly, etc.):_____					
Event title & additional details: _____					

ALTERNATIVE DATE *The alternative date will be considered if the preferred date or location is unavailable*					
Date: details		**Start Time:**		**End Time:**	

CHURCH OFFICE USE ONLY				
Status:	**Preferred Date Approved** ☐	**Alternative Date Approved** ☐	**Pending** ☐	**Not Available** ☐
Notes:				
Entered on Calendar By:		**Date Entered:**		