The Historic CALVARY BAPTIST CHURCH
The Place Where Life Begins

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

MINISTRY EVENT REQUEST FORM

This form is to assist in planning your ministry event, whether at our church campus or at another location. Please submit the completed form to **MinistrySupport@CalvaryForward.org** for approval and support.

Ministry Information:

Ministry Name:	
Contact Person:	Phone Number:
Email Address:	

Event Information:

Name of Event:
Approx. # of Attendees:
Proposed Date(s) and Time(s):
Proposed Location:

Brief description of event:

Please select all ministries that will need to be present at your event:

Trustees: ☐	Culinary: ☐	*Media: ☐
Deacons: ☐	Hospitality: ☐	*Music Ministry: ☐
Security: ☐	Health Ministry ☐	Church Photography ☐
Ushers: ☐	Church Photography: ☐	Parking Ministry: ☐
	☐	Other: ☐ _____

If **Media or Music Ministry is selected, please describe the specific services requested for your event:*

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Special Guest:

Will your event require a speaker? *Check one*	**YES** ☐ **NO** ☐
Name of speaker: _____	
Has the speaker been approved by the Senior Pastor? *Check one*	**YES** ☐ **NO** ☐
Has an Honorarium request been submitted? *Check one*	**YES** ☐ **NO** ☐ **N/A** ☐
Has the speaker completed a W-9 Form? *Check one*	**YES** ☐ **NO** ☐ **N/A** ☐
Other invited guest presenter or performer? *Check one*	**YES** ☐ **NO** ☐
Name of performer _____	

*****ADMIN USE ONLY*****

Event approved by:
Remarks: