

For	Office Use Only Approved by:
Date:	

Westside Event Planning Request Sheet

ON CAMPUS EVENT:

Ministry:	Name of Event: _	
Date of Event:	Actual Time of Event: _	
Areas Needed:		Time/Date of Setup:
Number of people expected:	Purpose of Eve	ent:
Point of Contact:	Phone #	
Will you need any equipmen	nt? (tables, chairs, TV, etc)	
OFF CAMPUS EVE	NT:	
Ministry:	Name of Event:	
Date of Event:	Actual Time of Event: _	
Time Leaving:	Time Returning:	
Location of Event:	# of People Attending: _	
Vehicle(s) Needed:	Purpose of Event:	
Bus Driver (if applicable): _		
Point of Contact:	Phone #:	
FOR ALL EVENTS	:	
Will any items be sold at thi	s event? Yes No	
Is this event a fundraising ev If yes, please submit a Fund		h Office for the Stewardship Team's consideration.
If you would	l like your event publicized	in our bulletins or newsletters,
please	email Heather at <u>ministry@</u>	westsidewaynesville.com
	with the information to	be publicized.