

MINISTRY MEETING REQUEST FORM

Please submit your request by the date listed below to the church administrator in person, or by scanning to discipleship@fellowshipchristianchurch.org.

NAME OF MINISTRY:

STAFF PASTOR ASSIGNED:
MINISTRY LEADER:

Meeting Date, Time, and Duration:

Meeting Date	Meeting Start Time	Meeting Duration	Approved <i>(Completed by Staff only)</i>

Facility Information:

Participants Expected:

Is this a virtual event? Yes or No

Circle any you require the use of: Event Center Gym Sanctuary Classroom(s)

Do you require the use of any projection equipment or supplies? Yes or No

If yes, please specify below.

Contact Details:

Contact Person Name:

Phone Number:

Email:

Announcements: *Send any details of announcement requests to fcclrmedia@gmail.com. Your announcement will run for 2 weeks. If you desire the creation of a graphic, please indicate that in your email.*