



NEWHOPE
CHRISTIAN FELLOWSHIP

New Hope Christian Fellowship

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CALENDAR REQUEST FORM

EVENT NAME: _____

EVENT DATE: _____ EVENT TIME: _____

SET-UP DATE: _____ SET-UP TIME: _____

CONTACT PERSON: _____ CELL: _____

OFF CAMPUS EVENT

ON CAMPUS EVENT

ROOM(S) REQUESTED:

EQUIPMENT NEEDED:

ADVERTISING NEEDED:

ANNOUNCEMENT SLIDE

CALENDAR

SIGN UP GENIUS

ANNOUNCEMENTS

FLYER

HANDOUT

SUBMITTED BY: _____ DATE: _____

YOU ARE RESPONSIBLE FOR YOUR OWN SET-UP AND TAKE-DOWN

OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED

NOT APPROVED

APPROVAL: _____

DATE: _____