



Ministry Event Request Form

Name of Event Sponsor: _____ Ministry: _____

Email: _____ Phone: _____

Activity Requested: _____ # of People Expected: _____

How is this event in line with the mission of Bridge Pointe Church?

Date(s) of event: _____

Start Time: _____ End Time: _____
(include set-up time) (include clean-up time)

Is there a budget for this event? ____ Yes ____ No (If no, how will this event be funded?)

Are you requesting funding for this event? ____ Yes ____ No

If requesting funds, how much? _____

Room Requested

____ Sanctuary ____ Gathering Place ____ Cafe ____ Gym

____ Starting Pointe Room ____ Classroom ____ Conference Room ____ Calm Room

____ Other (Please Specify) _____

If requesting the Sanctuary or Gathering Place and sound and/or A/V equipment is needed, please check appropriate item(s): ____ Sound ____ A/V equipment.

Please list any additional needs/requests: _____

All requests will be subject to approval and available resources. Please provide notification of any changes as soon as possible. By signing below, I agree to leave the room(s) in a clean and orderly condition and return all furniture and supplies to their designated areas. I realize I may forfeit future use of the facility by not abiding by these procedures. Please contact Crystal Consonery by phone (404) 395-9374 or email crystalc@bridgepointe.life.

Signature

Print Name

Date Submitted

FOR INTERNAL USE ONLY

Date Received: _____ Approval/Disapproval Date: _____ Date Notified: _____



Sound Staff Approval: _____ A/V Staff Approval _____ Facility Staff: _____ Security _____