

Fountain of Faith MBC Event Request Form

Please submit this form for review and approval 15-30 days before the event.

1. Ministry Name: _____ Date: _____
2. _____
3. Outside Organization: _____ Date: _____
4. Event Date: _____ Alternate Date: _____
5. Number of People Expected: _____
6. Event Name/Description: _____
7. Time Event Begins: _____ Time Event Ends: _____ Unlock time: _____
Lock Up time: _____
8. Contact Person: _____ Mobile: _____

Check one:

9. Campus location: Sanctuary Annex Bldg. Gym Ed Bldg. Classroom # _____
10. **Media Resources:** Yes No **If yes, check all that apply.**
 Sound system Announcement Multi-caller text messaging Use of Screens
 Streaming Photography Videography/recording Microphones
 Flat-Screen TV Other _____
11. **Transportation:** Use of van(s) bus
12. **Equipment Needed**/List Quantity Needed and room set up on back of this sheet.
 Long tables round tables chairs

Explanation: _____

13. Is there a cost involved for the church? Yes No Submit budget for this event via email to fofmbc@bellsouth.net
14. Will your event/program require participants to pay a fee? Yes No
If yes, how much? _____
15. Will there be a speaker for your event? Yes No

Speaker's Name: _____ Send Bio to: fofmbc@bellsouth.net

16. Purpose of the event and what will be discussed: _____

Please note: Notification and approval for this event will be sent via email. **Implemented 4/2023**