Ministry Event/Activity Approval Form

		Date Receive	ed:		
Ministry Name:					
Contact Name		Phone:			
Email:					
Ministry Event Date:		Campus Loca	ation:		
Ministry Description/Purpo	ose:				
Theme/Scripture:					
Annual Event:	□ YES	□ NO			
Cost:		·			
Budget: (please use back of fo	orm to itemize if necessary)				
Marketing/Promotion Plans	S:				
Note: 1. All created flyers or videos 2. All facility use (i.e. tables,	s must be approved by media tea chairs, rooms) must be requeste	ım via media request ed through facilities f	Form and appro	ved.	
Pastor Approval:			Date Appro	ved:	
	(Pastor's Signature)				
Approval Contingencies:					

Fill Form, Download and Email To: newhopewayne@gmail.com