

ACTIVITY INFORMATION QUESTIONNAIRE
FOR SPACE ALLOCATION AND PUBLICITY

Name of event or class: _____

Contact Person: Name _____

Phone # (day) _____ (night) _____

Date/Day/Time of event or class: _____

_____ One time only _____ Weekly _____ Monthly

Registration deadline (if applicable): _____

Cost (if applicable): _____ Length (# of weeks): _____

Minimum/Maximum number of participants: _____

Location: _____ At the church OR at _____

Brief description of event/class: _____

Is sound equipment required? (microphone, projection screens, etc.) _____

If yes, an additional form is required through the church office.

Please publicize in: _____ weekly church bulletin _____ monthly newsletter
 _____ website (if applicable) _____ Facebook (if applicable)

SUBMITTED BY: _____ Date: _____
(please print)

ADMINISTRATIVE ACTION TAKEN

_____ church calendar _____ bulletin _____ newsletter
_____ website (if applicable) _____ Facebook (if applicable)