

Mt. Zion Baptist Church of Germantown

41 West Rittenhouse Street

Philadelphia, Pa 19144

Office: (215) 844-7614 * Fax: 215-844-3680

Ministry Event Notification Form

Ministry Name _____

Event Description _____

Date/Time of Event _____

(Contact church office for date availability)

Facility :(Check one or both) Church _____ Educational Center _____

(Please give 30-day notice for use).

Anticipated Number of Participants _____

Ministry Contact Person _____

Contact Telephone Number _____

Anticipated Revenue \$ _____

Anticipated Expenses \$ _____

Please check if you need help with marketing your event: Yes _____

Requirements (check all that apply):

Sound Booth _____ (Provide copy of this form to Kisha Vaughn)

Van _____ (Provide copy of this form to Gerald Knight)

Kitchen Facilities _____ (Ministry is responsible for clean-up)

Paper Products _____ (Request Form) – Barry Boulden or John Russell

Sexton _____ (Provide copy of this form to Sexton)

Evening Attendant _____ (Provide copy of this form to Barry Boulden)

(Note: This service is only available Monday through Friday from 5:00p.m. to 9:00p.m.)

If a worship service is planned, please check how offerings will be handled:

_____ Congregation will march during offering _____ Plate will be passed for offering

Pastoral approval must be obtained prior to the day of the event

Signature: Pastor Alick

Date

Signature: Assigned Trustee

Date