

MARRIED ADULT LIFE GROUP
Event Request Form

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3 WAYS TO SUBMIT THIS FORM:

E-MAIL: KATY.FORESTER@WBCCARES.ORG

PHONE: 881-0952, EXT. 222

LEAVE FORM IN YOUR LIFE GROUP FOLDER ON SUNDAY
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LIFE GROUP NAME: _____

DESCRIPTION OF EVENT: _____

DATES REQUESTED:

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

ROOMS REQUESTED:

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

EVENT BEGINNING TIME: _____ ENDING TIME: _____

(30 MINUTES WILL BE ADDED ON EITHER SIDE FOR SETUP AND CLEANUP)

ESTIMATED NUMBER OF PEOPLE: _____

FOOD SERVICE REQUESTED: (PLEASE CIRCLE)

ICE

PLATES

TABLECLOTHS

NAPKINS

UTENSILS

OTHER _____

SUPPORT SERVICES REQUESTED: (PLEASE CIRCLE)

SOUND

OTHER _____

CHILDCARE

CONTACT PERSON: _____

DAYTIME PHONE NUMBER: _____

E-MAIL: _____

DATE SUBMITTED: _____