

TRINITY BAPTIST CHURCH ACTIVITY SERVICE REQUEST FORM

Ministry: _____ POC: _____ Tel. # _____

Type of Event: _____

Date of Event: _____ Time of Event: _____

Rehearsal Dates & Time: _____

Date of Group Meeting: _____ Time of Group Meeting: _____

Services required:

- Date approval – Co-Pastor Cromwell*** Initial _____ Date _____
(Must have Date approval signed first)
- Facility– Deacon Davis** Initial _____ Date _____
- Audio/Video – Bro. Daniel Silver** Initial _____ Date _____
- Computer Services – Sis. Karen Fields** Initial _____ Date _____
- Copy Center – Deaconess Chevy Jones** Initial _____ Date _____
- Catering – Sis. Angela Clayton** Initial _____ Date _____
- Security – Chief Staton or Chief Carney** Initial _____ Date _____
- Music – Bro. Reggie Halsey** Initial _____ Date _____
- Operations/Custodial/Outside Functions – Elder Hopson** Initial _____ Date _____
- Completed Form – Co-Pastor Cromwell*** Initial _____ Date _____

Types of service required:

- Audio/Video:** CD Player/Recorder DVD Player/Recorder VCR Player/Recorder
 Cassette Player/Recorder Camera Microphones _____

Computer Services: _____

Copy Center: _____

Catering: _____

Security: _____

Music: _____

Custodial: _____

Outside Activity:	_____	_____	_____	_____
	(Deposit)	Date	Balance Due	Date Paid

Securing Building:

Name: _____ Phone No.: _____

NOTICE	
Please ensure each ministry signs off on this form for your event. Return completed signed copy to Margaret Johnson.	
Date received	Margaret Johnson