**MINISTRY GROUP MEETING**

**REQUEST FORM**

**Name of Group Meeting** (Who) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date/Time Group Would Like To Meet** (When**):**

* Monday Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM
* Tuesday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM
* Thursday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM
* Saturday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM
* Sunday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_ Following Morning Worship for **1 Hour**

 **TIMES FOR SATURDAYS IS FROM 10:00 AM – 3:00 PM**

**DESIRED Room** (Where):

 Select ONE. Please note, Approval is given based on availability

**Lower Level: Fellowship Hall 2nd Level:**

* Classroom #1
* Open Area
* Cafeteria
* Banquet Hall
* Classroom #2
* Classroom #3
* Classroom #4

**PLEASE MAP OUT HOW YOU WANT YOUR ROOM SET UP (i.e. tables, chairs, podium)**

***For Office Use***

Approved Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**St. Paul Missionary Baptist Church**

**ANNOUNCEMENT**

**BULLETIN INFORMATION SHEET**

**Name of Auxiliary/Ministry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number(s) Where You May Be Reached:**

 **Day (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Home**

 **Evening (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Home**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF INFORMATION (Check Applicable Box)**

* Announcement
* Sick List Update
* Thank You
* Flyer (Please Attach)
* Bereavement
* Other

**Date of Event \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Date(s) to Appear in Bulletin**

**From\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Brief Wording about the Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional/Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLETE FORM AND RETURN TO THE SECRETARY’S OFFICE IN THE DESIGNATED BOX OR TO SIS. MINNIE NUNN BY/BFORE**

**THE MONDAY TO BE ANNOUNCED**

**Dr. Joel D. Taylor, Pastor**

**VAN/BUS REQUEST FORM**

**Person/Group Requesting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone # (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location/Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/Time Group (When):**

* **Monday Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM**
* **Tuesday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM**
* **Thursday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM**
* **Saturday Date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM**

**How Many People \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Van accommodates 14**

**The Bus accommodates 29**

***For Office Use***

**Approved Driver’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**