



Date: _____

Calendar Request Form

Please print legibly. All requests need to be submitted to the Church office a minimum of 2 weeks prior to event.

Requester's Name: _____ Cell: _____

Email: _____

Date of Event: _____

Time of Event

FROM: _____ TO: _____

Auxiliary/ Name of Department Sponsoring Event: _____

Type of Event: _____

Specific Facilities that will be used at WSCOG:

Sanctuary

Connection Center

Library

Conference Room

Multipurpose Room

Classroom (Rm 100)

Approved By: _____

Senior Pastor, Lloyd Harrison Jr.

Date