

CALVARY TEMPLE OF ALLENTOWN



Calvary Temple Ministries & Meetings

Please complete all areas. The date and time requested will be verified with the church calendar and you will be notified if there is a conflict.

Date: _____

Name of the Ministry or Event: _____

Contact Person(s): _____

Email: _____ Cell # _____

Purpose/Date(s): _____

Time: Start _____ End _____

Name of Guest Speaker: _____

PLEASE DON'T FORGET THE LIGHTS AND TO LOCK ALL DOORS

What time do you want doors unlocked? _____ Which doors? _____
(Doors unlocked 15 minutes before and after event begins)

Room(s), Area(s) to be used: _____

Times for additional areas used: _____

Does this Event require any special equipment? (i.e. Tables, chairs, etc.)

Does this Event require a Sound Tech or Projection Tech? _____

If the Event is to be promoted, please submit via email by midnight on Mondays to
dstafford@calvarytemplepa.org.

Please bag all trash and take it to the dumpster. Boxes must be flattened. Thanks in advance for great stewardship in leaving the facilities clean.

(Continued on back)

CALVARY TEMPLE OF ALLENTOWN



Sanctuary / Chapel

___ Podium

___ Projector Technician

___ Microphone(s) #___

___ Chair(s) #___

___ Sound Technician

___ Table(s) #___

___ Projector

Times requested: _____

Fellowship Hall / Classrooms

___ Head table(s) _____

___ Rectangular table(s) _____

___ Round table(s) _____

___ Chairs _____

Times requested: _____

Special instructions: _____

COMMENTS: _____
