



# Mount Calvary Baptist Church Event Approval Form

Request Date:  Proposed Event Location:

Ministry Team Leader:

Proposed Event Date:  Proposed Event Time:

How does this event contribute to the mission, vision and values of the church?

Event Purpose:

Event Description:

Purposed cost of event (please attach detail cost):

Proposed funding for event (i.e. ticket sales, donations, etc.):

Ticket price(s):  Date ticket sales begin:

Approval Signatures (please check division and sign request):

- Discipleship       Evangelism/Mission       Worship & Arts       Pastoral Care  
 Business Administration       Ministry/Fellowship

Division Director \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

**Note: No event is approved without at least two (2) required signatures. Some events will require three (3) signatures.**