



EVENT SAVE THE DATE FORM

THIS FORM MAY BE REPRODUCED

Mt. Zion Baptist Church

Today's Date _____

Event Name _____

Ministry _____

Department _____

Date of Event _____ Day _____

Time of Event _____ (am/pm) to _____ (am/pm)

Facility Open Day/Time _____ Facility Close Day/Time _____

Purpose _____

On-Site Yes / No _____ Offsite Location _____

Chairperson _____

Phone _____ Email _____

Alternate Name _____

Phone _____ Email _____

FACILITY NEEDS <i>(please check all that apply)</i>		EQUIPMENT NEEDED <i>(please check all that apply)</i>	
<input type="checkbox"/> Café	<input type="checkbox"/> Youth Building - East –Spanish Church	<input type="checkbox"/> Sound System	<input type="checkbox"/> Easel
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Youth Building - West	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Easel pads
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Education Bldg. include Rm. #s _____	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Screen
<input type="checkbox"/> Stage Set-up	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Tables	<input type="checkbox"/> Chairs
<input type="checkbox"/> Other (please list) _____		<input type="checkbox"/> Pots / Pans (in kitchen)	<input type="checkbox"/> Piano
Facility Open Date/Time: _____ Close Date/Time: _____			

Signature of Event Chairperson _____ Date _____

Signature of Department Head _____ Date _____

FOR OFFICE USE ONLY

Department <i>(please sign name or initial next to department)</i>	Contacted		Date Contacted	Name of Person Assigned
	Yes	No		
Executive Office Manager				
Church Calendar /Room Assignment Log				
Pastor's Calendar				