

Broken Arrow Church of the Nazarene
 401 W. New Orleans Broken Arrow, OK 74011
 Phone: 918-455-3550 Fax 918-451-9227 www.banazarene.org

Activity Request Form

*Use this form to request a calendar date and/or use of the facility. Date/usage will be confirmed **only** after this form has been completed, returned to the church office, and signed by an authorized church representative. No event will appear on the official church calendar until it has been approved as outlined above.*

Name of Person/Group making request: _____

Activity:	Location of activity if other than church:
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Contact Person:	Work Phone:	Home Phone:
Address:	Zip:	
E-mail address:		

Date:	Day of Week:	Start Time:	End Time:
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Is this activity
 One time Weekly Monthly Other

Please specify additional dates: _____

Signature of person making request:	Date of request:
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Area(s) Requested: Sanctuary <input type="checkbox"/> Foyer <input type="checkbox"/> FLC Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Teen Room <input type="checkbox"/> Class Room # <input type="checkbox"/> Kidz Place <input type="checkbox"/> Eastside Field <input type="checkbox"/> Westside Field <input type="checkbox"/> Other : _____	Equipment Requested: <i>State quantity & type</i> *Chairs _____ *Tables (round/rectangle) _____ * Will you need use of a sound system? Yes <input type="checkbox"/> No <input type="checkbox"/>
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For Office Use Only: Approved Disapproved Date: _____

Comments: _____

Signature of Church Representative: _____

Date copy of form returned to contact person: _____