

THE
RIVER
ASSEMBLY OF GOD

Instructions:

- ***Department Head only**-email completed form to info@theriverag.com
- *Completed/Printed copies may be submitted to church office.

For questions regarding this process:

- *Email info@theriverag.com

Calendar Submission Request

Department: _____ **Requesting Time From:** _____ **to:** _____

Date Requested: _____ **If recurring event list end date:** _____

Event Information:

Event Description: _____

Room(s) Needed: _____

Van Use:

Vehicle(s) Needed: _____

Confirmed Driver(s): _____

Large Bus Requires Driver with a Commercial Driver's License with a Passenger Endorsement

Departure Time: _____ **Return Time:** _____

Contact Information

Requesting Individual(s) _____ **email:** _____

event approval will be emailed to this address

Signature: _____ **Date:** _____

Department Head Approval Signature: _____ **Date:** _____

For Office Use:

Date Approved: _____ (_____) Added to Master Calendar