



CALENDAR REQUEST

This form is also available online at odessafirstassembly.com

Today's Date _____ Person Making Request _____

Event Name _____

DESCRIPTION OF YOUR EVENT

Date _____ Starting Time _____ Ending Time _____

If off campus, substitute departure time and returning time.

Regularly Occurring [Start Date _____ / Stop Date: _____]

Location of Event: _____

Event Contact: _____

Rooms Needed: _____

- Location has been secured, if off campus
- Contract and payment information attached

Will you need audio/visual equipment? If yes, you will be contacted.

- Yes
- No

Other Needs:

OFFICE USE ONLY

- Request Denied
- Further Information Requested
- Request Accepted

Lead Pastor or Associate Pastor Signature _____

Date _____