

Candlelight Offsite Event Form

All information will be kept confidential by Candlelight Staff

Instructions: This application requires approval by our Senior Pastor and the Elder Board whenever an event is offsite with the Candlelight Congregation/Members, **4 weeks prior to the event.** After review of your proposed offsite event, we will contact you to let you know if it's approved or not.

Today's Date: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell #: _____

Email: _____

Please answer questions below:

Do you attend Candlelight regularly? Yes No If yes, for how long: _____

Are you a member of Candlelight? Yes No

Offsite event: One-time Monthly Weekly week day: _____

Type of Ministry, i.e.: Men's Ministry, Women's Ministry, etc.: _____

Please provide a **start and an end date/time** of the event:

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Address of Event Location: _____

Please give a full description of the event: _____

Are there any restrictions for this event? (i.e. men only, no children, etc): _____

Please provide all marketing information needed for this event (flyer, announcements, slides, etc.) _____

Does your event require a sign-up sheet? Yes No

Do you need the church van/bus? Yes No If yes, please fill-out a Bus or Van Transportation Request Form.

Is there a cost for this event per person? Yes No If yes, how much? _____

Are the participants required to pay a deposit? Yes No If yes, how much? _____

If deposit is required, please provide the final deposit date _____

Signature: _____

Date: _____

-----Official Use Only-----

Received By: _____

Date Received: _____

Approved By: _____

Date Approved: _____

Not Approved By: _____

Date Not Approved: _____

Reason Not Approved: _____

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www.candlelightfellowship.org

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