

**Maranatha Seventh-day Adventist Church
Meeting Request Form**

Date: _____

Ministry's Name: _____

Ministry's Leader: _____

Phone Number(s): _____

Email Address: _____

Meeting Details

Requested Meeting Date:

Meeting Time:

Number of People Expected:

Number of Adults and Children Expected?

Adults – _____

Children – _____

Do You Need Tables?:

If "yes," how many tables are needed?

Yes No

Meal Preference (Will food be served?):

Type of food served (refreshments, meal, etc.):

Yes No

Additional Comments / Concerns:

FOR OFFICIAL USE ONLY:

Safety Officer / Deacon Assigned:

Request Granted / Denied (circle one)

Date Granted / Denied:

If "Denied," Reason:

Signature

Print Name:

Please note that all requests for meetings must be approved by the Head Deacon or Safety Coordinator to ensure that someone is available to open and secure the church for your meeting.

You must also contact the Culinary Ministries Leader to reserve a specific room.