

Events Planning /Program Request

(Please Print All Information)

Ministry _____ Date _____

Description of Event _____

Dates of Event _____ Start Times _____ End Times _____

Event @ NHBC ___ or Outside Venue: ___ Name of Outside Venue: _____

Contracts Required: Yes___ No___

Please Indicate Below if Ministry Services are Requested (Signatures Required)

Media (Yes/No) Min. Eric Pitts _____

Music (Yes/No) Min. Jeremiah Hicks _____

Facilities Set-up (Yes/No) Deacon Joseph Hicks _____

Ushers (Yes/No) Jeannette Riddick _____

Culinary (Yes/No) Rev. Howe Feaster _____

Prepared By: _____ Date: _____

Ministry Head: _____ Date: _____

Ministry Heads must consent if their Ministry will be affected by this event

Ministry	Ministry Head Signature

For Office Use Only

Date Received: _____

Carolyn Hailey, Admin. Assistant: _____

Tyonnie Hicks, Event Coordinator: _____

Deacon Cleve Perkins, Chairman: _____

Bobby D. Hicks, Minister: _____