Emmanuel Temple Apostolic Church | 900 6th Street | Vallejo, CA 94590 Church Phone: (707) 642-2391 | Fax: (707) 642-8143 | Email: pastorbeharris@sbcglobal.net Bryan E. Harris, Pastor

## Kitchen & Fellowship Hall Use Request

Please submit this form at least 3 weeks prior to your event.

Ministry Director or Event	Coordinator's Name:		
Name of Ministry:			Date of Request://
		Email Address:	
Type of Activity/Event:			
Date & Time of Activity/Ev	vent:		
Do you plan to publicize yo	our meeting or event to the	e general public? Yes No	
Purpose & Description of A	Activity/Event: (include place	e, time, etc.)	
Time of Meeting: (include s	,	Clean I In Will End	
	to the space(s) you're requ	Clean Up Will End:	
		Space Options	
	Kitchen Fellowship Hall		
	<u>'</u>	nen and Fellowship Hall)	
	. ,	VSHIP HALL REQUEST ONLY	
How many tables are you requesting? How many chairs are you requesting?			
Please Note: Requestor i	is responsible for setting up	o chairs and tables as well as returning	them to their original layout.
Any special accommodatio		TCHEN REQUEST ONLY	
Director/Event Coordinator's Signature:			
	For Office Us	se Only. Please do not write in this	area.
Pastor's Signature		□Аррг	roved Denied Date://