

Central Baptist Church of Camp Springs

Event Request Form *(Please print clearly)*

Date of Event: _____

Type of Event: _____

Start Time: _____ A.M. or P.M. End Time: _____ A.M. or P.M.

Facility required (please check all that apply): Sanctuary _____ Fellowship Hall _____

Number of Guests (approximate): _____

Contact Person Name: _____

Telephone: (_____) _____

Cell phone: (_____) _____

Fax no.: (_____) _____

Email address: _____

Additional Comments: _____

Event Information (if different from above):

Host or Hostess Name: _____

Address: _____

Telephone: (_____) _____

Cell phone: (_____) _____

Fax no.: (_____) _____

Email address: _____

Member of Central Baptist Church _____ Yes _____ No

Date

Applicant Signature

Applicant signature (Please print)

(Please return the completed form to Sis. Jackie Simpson at Central Baptist Church, 5600 Old Branch Ave. Camp Springs, Maryland, 20748 or jsimpstoneast@hotmail.com)