



# The "Exciting" SHBC

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## Ministry Event Assistance Request

*(This document is intended to be used in conjunction with the SHBC policy and guideline documents regarding events.)*

Requesting Ministry: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time(s): \_\_\_\_\_

Ministry Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For Office Use Only

Approved & Scheduled

Not Approved: Reason(s) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_