



MINISTRY HELPS REQUEST

GENERAL INFORMATION	
Event Name _____	Event Date _____
Room/Location _____	Address(If other than Mt. Zion) _____ / _____
Contact Person/Coordinator _____	(Home Phone) _____ (Cell Phone) _____
Please explain what services you are requesting from the ministries _____ _____	
ADULT MINISTRIES REQUESTED	
[<input type="checkbox"/>] Evangelism	[<input type="checkbox"/>] Health & Wellness
[<input type="checkbox"/>] C.A.R.E.	[<input type="checkbox"/>] Hospitality
[<input type="checkbox"/>] Choir - Male Chorus	[<input type="checkbox"/>] Parking
[<input type="checkbox"/>] Choir - Praise Team	[<input type="checkbox"/>] Praise Dancers
[<input type="checkbox"/>] Choir - Sanctuary	[<input type="checkbox"/>] Security
[<input type="checkbox"/>] Deacons	[<input type="checkbox"/>] Ushers
[<input type="checkbox"/>] Deaconess	[<input type="checkbox"/>] _____
[<input type="checkbox"/>] _____	[<input type="checkbox"/>] _____
CHILDREN & YOUTH MINISTRIES REQUESTED	
[<input type="checkbox"/>] Boy Scouts	[<input type="checkbox"/>] Mime
[<input type="checkbox"/>] Cub Scouts	[<input type="checkbox"/>] Youth Anchor Team
[<input type="checkbox"/>] Children's Choir	[<input type="checkbox"/>] Youth Leadership
[<input type="checkbox"/>] Drum Line	[<input type="checkbox"/>] Youth Ushers
[<input type="checkbox"/>] _____	[<input type="checkbox"/>] _____
FOR OFFICE USE ONLY	
[<input type="checkbox"/>] Approved	[<input type="checkbox"/>] Scheduled
	Phone _____
[<input type="checkbox"/>] Not Approved	Reason for Decision _____ _____
_____ (Authorized Signature)	_____ (Date)