



MMBC CALENDAR EVENT REQUEST FORM

Macedonia Missionary Baptist Church of Naples Inc. Calendar Event Request Form

Event Information

Event Name: _____

(Name of the event requesting placement on the church calendar)

Event Date:

Event Start Time:

Event End Time:

Location on Church Campus or Offsite: (Select all that apply)

- Sanctuary _____
- Fellowship Hall _____
- Parking Lot _____
- Other (Please specify): _____

Event Description: Provide a brief description of the event, including purpose and key activities)

Setup Start Time: _____

Event Breakdown End Time: _____

Additional Resources : Will Your Event Require Access to the Church Kitchen?

Yes
 No



1003 3rd Ave. N Naples FL 34102



(239) 262-4877



mmbc@bapt1003.comcastbiz.net



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Equipment or Special Needs: (Specify any additional equipment, AV needs, tables, chairs, etc.)

Submission Information: Please Submit this Form to: Church Program Communication Chair.

Approval Process: This form will be reviewed by the Communication Chair / Program Committee for event scheduling and resource allocation. Approval confirmation will be communicated to the event organizer.

Important Note: All funerals take precedence over scheduled events. In the event of a funeral, previously scheduled events may be rescheduled or canceled.

Signature of Requestor: _____

Date Submitted: _____

Approval Signature (Communications): _____

Approval Pastoral Office: _____

Date of Approval: _____



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