

# Service/Special Program Request Form

**IMPORTANT NOTE:** ALL REQUEST must be submitted at least **90 days** prior to the scheduled event

Organization or Group Sponsoring Service: \_\_\_\_\_

Service/Special Program: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Projected Length of Time of the Service/Special Program: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Purpose of Service: \_\_\_\_\_

**Program to be Held in the (checkmark):**

Sanctuary \_\_\_

Fellowship Hall \_\_\_

Classroom \_\_\_

Parking Lot \_\_\_

Computer Lab \_\_\_

Church Library \_\_\_

Guest Speaker: \_\_\_\_\_

Church Name & Affiliation: \_\_\_\_\_

Brief Biography: \_\_\_\_\_

Participants in the Program (people on the Program): \_\_\_\_\_

Offering: All offerings collected are counted and facilitated by the Stewards of St. Stephen A.M.E. Church, they can be witnessed by members of the organization and deposited into our Bank Church operating account.

**ALL Expenses are to be paid by Church via Church Check, by Stewards.**  
**Projected Program Budget and Expenses**

**ORGANIZATION Projected Expenses**

Program Set-Up Cost: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Speaker Cost: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Honoraria for Facilitator: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Special Gifts: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Re-Pass Expense: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_

Dinner Expense: \_\_\_\_\_

Funds awarded to St. Stephen: \_\_\_\_\_

Funds awarded to Organization: \_\_\_\_\_

**\*\*\*\*\* St. Stephen AME Church - For Internal Use Only \*\*\*\*\***

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Added to Calendar: Yes \_\_\_ No \_\_\_

Trustee Assigned to Event: \_\_\_\_\_