



## China Grove A.M.E. Zion Church Special Programs Form

Name of Person Completing the Form: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Submission Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

\*Please confirm the date is available with Calendar Committee & signed initials here \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

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FORM MUST BE SUBMITTED 60 DAYS BEFORE SCHEDULED EVENT FOR APPROVAL TO BE GRANTED

**FUNDING:**

Anticipated Budget: \$ \_\_\_\_\_ Will monetary donations be collected? Yes \_\_\_\_ No \_\_\_\_

Reimbursements: Yes \_\_\_\_ Pricing/Item: 1) \_\_\_\_\_  
 No \_\_\_\_ 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_

Please submit vouchers to Bernard.Elmore with receipts attached.  
 Please allow up to two weeks for reimbursement to be processed.

**DEPARTMENTS NEEDED FOR EVENT:**

Please collect the signed initials of the Dept. Chairperson for each department needed at the planned event/program.

Trustee Board \_\_\_\_\_

Hostess & Hospitality \_\_\_\_\_

Clergy Members \_\_\_\_\_

Culinary Committee \_\_\_\_\_

Finance Committee \_\_\_\_\_

Usher Board \_\_\_\_\_

Transportation \_\_\_\_\_

**INITIAL APPROVAL:**

Project Planning Committee

\_\_\_\_\_  
Project Planning Board Member Signature Required

\_\_\_\_\_  
Date

**FINAL APPROVAL:**

Upon, completion of the sections above, please seek the FINAL signed approval.

\_\_\_\_\_  
Rev. David Scott Cunningham

\_\_\_\_\_  
Date

Once approved, please submit to Bernard Elmore before the event can officially be added to the church calendar.