

Please allow up to two weeks for reimbursement to be processed.

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

FOUNDED 1796	Organization Name:	-		Submission Date:	/	/		
Name of Event:				*Dlace confirm the date is quallable with C	'alandar Ca	mmittae 9		
Event Date:/	vent Date: / / Time:			*Please confirm the date is available with Calendar Committ signed initials here				
Purpose of Event:	<del></del>							
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	FORM MUST BE SUB	MITTED 60 DAYS BEFORE	SCHEDULED EVENT FO	R APPROVAL TO BE GRANTED				
FUNDING:								
Anticipated Budget:	\$	Will moneta	ry donations be collecte	ed? Yes No				
Reimbursements:	Yes	Pri	cing/Item: 1)					
	No		2)					
			3)					
Please submit vouchers to Bernard Elmore with receipts attached.			4)					

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	- E		
Culinary Committee	Finance Committee					
Usher Board	Transportation					
Project Planning Board Member Signature Required		Date				
FINAL APPROVAL: Upon, completion	n of the sections above, please see	k the FINAL signed a	ipproval.			
Rev. David Scott Cunningham	<del></del>	Date				

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

Created by: The Christian Education Board