All Saints Anglican Church Event Form

Please complete and give to Council via the Warden.

Event Name:

Event Description (be specific):

(Use separate sheet for additional information, if needed)

Event Date(s):

Starting Time: Ending Time:

Event Location:

Event Head

Phone No: Mobile:

Contact Email:

Contact Address:

Type of Event:
Social ☐ Educational ☐ Other:

Event intended for:
Church members Only ☐ Open to general public ☐

Invited guests ☐ Other: ☐

Expected number of people in attendance?

How will this event be communicated to the public:

Will there be an admission fee:
Yes ☐ No ☐ If Yes, amount: Ä

All net proceeds will go towards the General Fund, unless otherwise approved and designated by the Church Council.

General Fund ☐
Other ☐

Will there be any food: Yes ☐ No☐

If Yes, please list: