



MUSIC & ARTS MINISTRY REQUEST FORM

*** Ministry Request Form must be submitted one (1) month in advance. ***

Today's Date: _____

Name of Ministry/Committee: _____

Event Name: _____

Ministry Director: _____

Phone Number: _____ E-Mail Address: _____

Date/Time of Event: _____ Location of Event: _____

MUSIC & ARTS MINISTRY

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Adult Choir | <input type="checkbox"/> Music Band Ensemble |
| <input type="checkbox"/> Mass Choir | <input type="checkbox"/> Young Adult Choir |
| <input type="checkbox"/> Men's Chorus | <input type="checkbox"/> Youth Choir |
| <input type="checkbox"/> Mime | <input type="checkbox"/> Youth Praise Team |
- Solo (Instrumental/Vocal) _____
- Other (Please Specify) _____

Please submit details of programs or events to the Minister of Music at draind@cofbc.org

Office Use Only

Request Received by: _____ Date Received: _____

Comments: _____

Approved by Min. of Music: Yes No Date Approved: _____