

The River Church

Church Access Form

*Please complete at least 1 month prior to requested event for review and approval. *Please note, completion and submission of this form does not guarantee approval. *Security and/or Senior Pastor or Executive Pastoral Team Member must be present for duration of event.

Ministry/Department: _____

Ministry Leader Name: _____

Requestor Name: _____

Phone Number: _____ **E-mail:** _____

Date Request Submitted: _____ **Date of Event:** _____

Purpose for Use of Church (briefly describe the event):

Duration/Date & Timeframe of Event: _____

Number of Individuals who will be present: _____

**Person requesting access must be present throughout the duration and timeframe of the event*

Type of Event: Meeting Event (Event Type: _____) Other: _____ (Training, Workshop, Seminar, Practice, etc)

To be completed by Senior Pastor:

Date Reviewed: _____ **Date Approved:** _____

Senior Pastor Approval Signature: _____

If not approved, Reason: _____