The River Church
Ministry Calendar Form

Ministry Name: _____
Ministry Leader Name: _____ Telephone: _____ E-Mail: _____
Ministry Co-Leader: _____Telephone: _____ E-Mail: _____
*****Indicate meetings, trainings, outreach events, etc. All must be submitted for Approval, and Approved prior to occurrence

Date [Month & Day]	**Time**	**Event Type & Location**	**Budget** *(*submit Budget Request Form for approval 1 month in advance)*	**Other [Media Request, Event Request, and Other]**