

SHILOH BAPTIST CHURCH

Coming Event Form

***** Return form to Church's Office at least one week before event *****

Date Submitted: _____

Submitted by: _____

Activity or Program: _____

Objective: _____

Chairperson: _____

Target group to be served: _____

Date: _____ Time: _____

Place: _____

Special Guest: _____

If for a team, Approved by: _____

Position: _____

For Office Use Only

Pastoral Response: _____

Comments: _____
