



**TDWC Event Request Form**  
**(Events, Meeting, Announcements)**

**ALL REQUEST MUST BE SUBMITTED 60 DAYS IN ADVANCE**

**Please Print Clearly and Fill out completely.**

Event Name: \_\_\_\_\_ Date Submitted: \_\_\_/\_\_\_/\_\_\_\_\_  
 Auxiliary Meeting  Fellowship  Fundraiser  Ministry Class  Special Event  Other \_\_\_\_\_  
Location other than TDWC \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Auxiliary Name: \_\_\_\_\_ Coordinator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*Please limit all meeting to 90 minutes or less.\*\*\* To schedule an event outside of the designated time must be by request only. On the back, please write a brief description of your event.  
**All meetings must submit an agenda with the request.****

**DATES & TIMES:** This event is:  **A One Time Event** OR  **Repeating**  
Requested Date: \_\_\_\_\_ Time: 7:00pm to 8:15pm Alternative Date: \_\_\_\_\_  
(Must complete in case of conflict in schedule)  
Special Time: \_\_\_\_\_ Access for Set-up \_\_\_\_\_ Expected Attendance: \_\_\_\_\_  
By request only Time(s)

**Facilities Requested:** Check the box for desired location  
(Main Sanctuary is for Prayer and special requested events)  
 Suite D  Suite F  Suite I (Front / Back )  Visitors Room  Main Sanctuary  Total Tots

**•Announcement Request:** Yes No  Post Flyer only  
Wording: \_\_\_\_\_  
\_\_\_\_\_  
**• Room Setup:**  Completely Cleared  Classroom/Lecture  Special Setup (submit diagram)  
**• Table & Chair Set-up Requested:**  Tables (#\_\_\_\_)  Chairs (#\_\_\_\_)  No Tables  
**• Audio/Visual:**  No  Yes:  Sound System  TV/VCR  TV/DVD  Power Point  CD/Tape Player  
 Mics (#\_\_\_\_)  Podium  Screen  Overhead  
 *I understand I am responsible for contacting the sound technician as far in advance as possible to coordinate sound checks and equipment needs.*  
**• Ministry Help needed:**  Ushers  Nurses  Security  Transportation  Child/Day Care  Other \_\_\_\_\_

**All cancellations must be submitted within 24 hours.**

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_

I understand that my request will be reviewed and I will be contacted within 36 hours.

Any questions or concerns contact the Admin Office at (619) 670-6208 or office@totaldeliverance.org

**ROUTING CHAIN**

ADMIN STAFF: Received & Reviewed by: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_\_ Frw'd on: \_\_\_/\_\_\_/\_\_\_\_

PASTOR: Reviewed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_ Decision: (Check in box)  Approved  Disapproved

Pastor's Comments: \_\_\_\_\_

\_\_\_\_\_

ADMIN STAFF: Informed Member on \_\_\_/\_\_\_/\_\_\_\_ Deacon Team Assigned: \_\_\_\_\_ Contact: \_\_\_\_\_

