

Distribution before approval:

_____ Church Admin

___ J. Spencer ___ Tabernacle ___ Security

JTOP FACILITY REQUEST FORM



Department/Individual: _____ **Date Submitted:** _____

Contact: _____ **Phone:** _____ **Email:** _____

Type of Event:

☐ Special Service ☐ Conference ☐ Meeting ☐ Practice ☐ JTOP Event

☐ Add-in to Sunday Morning Service ☐ Wedding ☐ Other _____

Event Theme & Description:

Facility/Space/Location Requested:

☐ Sanctuary ☐ Overflow
☐ Fellowship Hall ☐ Kitchen
☐ Classroom (how many) _____
☐ Meeting Room ☐ Parking Lot
☐ Off Campus Event

.....
Date(s) Requested: _____

*Alternate Date (s) _____

*Alternate Time (s) _____

Detail Estimates: Attendance: _____

Requestor

Signature _____

Event Setup Time: _____

Event Start Time: _____

Event End Time: _____

Departure Time: * _____

** Include Cleanup Time for Event*

If event is cancelled – you must notify the Church ADMIN immediately!

Department Head

Signature _____

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MINISTRY SUPPORT REQUEST (list any other ministry from which you will need help)

Leaders (service needed)

☐ Bishop Kelvin Leavy Sr. _____ ☐ First Lady Chonta Leavy _____

☐ Audio Visual (\$75 - \$150 each) ☐ Praise Team ☐ Choir ☐ Ushers ☐ Tabernacle

☐ Musicians (\$100 - \$150 per musician)

Other : _____

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Contact Church Office by email jtopnashville@gmail.com or @ 615-730-9178 within 10 days of submission of Request for Approval or Denial

ADMINISTRATION: ☐ Approved

☐ Denied**

Signature _____

Date _____

**** Reason for Denial: (see below)**

☐ Date Conflict ☐ Event Inappropriate for Date ☐ Bishop's Request ☐ Other _____

Your Facility Request Form MUST be turned in at least 90 days before your event.

Event Month	Forms Submission Month	Church Admin Signature
January	October	
February	November	
March	December	
April	January	
May	February	
June	March	
July	April	
August	May	
September	June	
October	July	
November	August	
December	September	