

**FIRST BAPTIST CHURCH
THOMASTON, GEORGIA**

CALENDAR REQUEST

DATE: _____

Calendar Date Requested: _____

Ministry/Group Making Request: _____

Requested By: _____ Phone: _____

Name of Event: _____

Event Day: _____

Event Status: Daily: _____ Weekly: _____ Monthly: _____
On Going: Weeks: _____ Months: _____

Event Start Time: _____ Event End Time: _____

Event Location: Building: _____ Room #: _____

CHURCH VEHICLES

Request for: Bus: _____ Shuttle (24) _____ Shuttle (15): _____

Date(s) for Request: _____

Leaving Date: _____ Time: _____

Return Date: _____ Time: _____

Destination: _____

Approximate # of Passengers: _____

Approved Driver(s): _____