



# Truth Transformation Worship Center

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[www.itistruth.org](http://www.itistruth.org) \* <https://www.facebook.com/truthtransformationministries>

Dr. Roderick S. Hawthorne, Senior Pastor \* Pastor Crystal W. Hawthorne, First Lady

## Calendar Date Request Form

To reserve a calendar date, this form must be completed in its entirety and submitted to the church's administrator no later than the 15<sup>th</sup> of the month prior to date of request.

Date of Today: \_\_\_\_\_ Ministry Title: \_\_\_\_\_ Requestor: \_\_\_\_\_

### SPECIAL EVENT RESERVATION:

Special Event Title: \_\_\_\_\_

**1<sup>st</sup> choice** - Date of event: \_\_\_\_\_ Time: \_\_\_\_\_ **2<sup>nd</sup> choice** - Date of event: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of the event: \_\_\_\_\_

Have all partners of the above ministry been informed of the event?  Yes  No

Are any fees involved?  Yes  No If yes, please explain \_\_\_\_\_

Additional information: \_\_\_\_\_

### PLACE OF FUNCTION:

Inside church  On church grounds  Outside of TTM (other facility)

If event is scheduled to be held outside of TTM, record the place in which it is to be held: \_\_\_\_\_

### REQUEST FOR ASSISTANCE: (Indicate and describe below the manner in which you will need assistance)

Administration Department: \_\_\_\_\_

Music / Fine Arts Ministry: \_\_\_\_\_

Printing Department: \_\_\_\_\_

Transportation Ministry: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### IN-HOUSE FACILITY USE:

**(i.e. - Rehearsals, Meetings, Training classes etc.)**

Reservation Date(s): \_\_\_\_\_

Time In: \_\_\_\_\_ Approximate Time Out: \_\_\_\_\_ Expected number in attendance: \_\_\_\_\_

Purpose: \_\_\_\_\_

Check area(s) to be reserved:  Sanctuary  Multi-Purpose Room  Children's Church  Other

If  other, please specify the area(s) \_\_\_\_\_

### FOR OFFICE USE ONLY:

**Approved** Signature \_\_\_\_\_ Position Title: \_\_\_\_\_ Date \_\_\_\_\_

**Disapproved** Signature \_\_\_\_\_ Position Title: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_