



**Mount Calvary Baptist Church**  
2221 Emmett Drive  
Alexandria, Virginia 22307  
Reverend Dr. Elton P. Wilson, Interim Pastor

Church Office: (703) 768-7917 Fax: (703) 660-6581  
Web Address: <http://www.mountcalvarybaptist.com>

**MCBC ACTIVITY REVIEW APPLICATION**

**Contact Information:**

Name of Ministry: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Event/Activity Information**

Name Requested Event/Activity: \_\_\_\_\_

Date of Event/Activity: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Event Location:**

Sanctuary       Annex       Education Building       Off-Site Location

**Type of Event**

Conference       Special Worship Service       Class/Workshop  
 Retreat       Fellowship/Social Function       Meeting

**Budget/Costs:**

Total Estimated Cost of Event: \$: \_\_\_\_\_

Do you have enough funds in your Ministry Budget to cover the cost?  Yes  No

**Provide a brief description of the proposed event/activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What aspect of RED is supported by proposed activity/event? (Check all that apply)**

- Relationship     Evangelism     Discipleship     Worship  
 Giving     Preaching     Teaching

**How does this event promote the vision and mission of MCBC and what are the GOALS:**

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**MCBC Ministries Needed To Facilitate The Event**

- Musicians     Praise Team     Choir     Dancers     Ushers  
 Trustees     Deacons     Culinary

**Any Special Administrative Needs?**

- Office Supplies     Copies     Postage     Paper     Pen/Pencils

**Any Special Audio/Video Needs:**

- PA System     Screen/Projector     DVD     CD

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**Submission:**

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

Submission Date: \_\_\_\_\_

**Submit Completed Application to [Activity Review Committee Chairperson](#)  
You will receive a status update within  
14 days of your submission**

**FINAL DISPOSITION:**

Disposition:  Approved     Denied

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

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