



Mount Calvary Baptist Church
2221 Emmett Drive
Alexandria, Virginia 22307
Reverend F. R. Kelly, Sr., 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:

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

Submission:

Submission Signature: _____

Submission Date: _____

**Submit Completed Application to [Minister Brenda Jenkins](#)
 You will receive a status update within
 14 days of your submission**

FINAL DISPOSITION:

Disposition: Approved Denied

Date: _____

Signature: _____