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FACILITY/EQUIPMENT CANCELLATION

MINISTRY/ORGANIZATION INFORMATION

NAME OF MINISTRY/ORGANIZATION			
TYPE OF FUNCTION (PRAYER MEETING, CHOIR PRACTICE, ETC.)			
COORDINATOR/LEADER		SIGNATURE	
		DATE	
CELLPHONE	TELEPHONE (OTHER)	EMAIL:	

REASON FOR CANCELLATION

FACILITY CANCELLATION

FACILITY/ROOM	DATE(S) BEING CANCELLED			START TIME	END TIME
	MONTH	DAY	YEAR		

EQUIPMENT CANCELLATION

DATE(S) BEING CANCELLED			EQUIPMENT (TV, DVD PLAYER, MICROPHONE, ETC)
MONTH	DAY	YEAR	

ADDITIONAL COMMENTS

(office use only)

STAFF RECEIVING:	DATE SUBMITTED:	APPROVED BY:	DATE APPROVED: