

Concordia Youth Ministry ~ Event Request Form

Event Date: _____ Start Time: _____ End Time: _____
 Church: _____ Miles from Seward: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Church phone: (_____) _____ Church email: _____
 Contact person: _____ Cell phone: (_____) _____
 Email: _____
 Adult(s) who will be in attendance: _____

Group details: Lock-in / Youth night (check one)
 Middle / Junior / Senior / Combined _____
 Number of youth anticipated: _____

Spaces available: gym / basement / sanctuary / kitchen / classrooms
 fellowship hall / youth room / outside space (check any)

Equipment available: projector / screen / dvd/tv / wifi (check any)

Other details: _____
 Other details: _____

Save document and email completed form to: ConcordiaYouthMinistry@cune.edu
 Make \$25 Event Deposit fee check to: Concordia University
 Mail to: Concordia University / CYM / 800 N Columbia Avenue / Seward, NE 68434

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|-----------------------------------------------|-------------------------------------------------------------|
| <b>CYM Team Use Only: Fill in completely!</b> | <b>Team Leader/Driver/Devotions/Games/Music/Bible Study</b> |
| Name: _____                                   | Team Responsibilities: _____                                |
| Cell: (_____) _____                           | Email: _____                                                |
| Name: _____                                   | Team Responsibilities: _____                                |
| Cell: (_____) _____                           | Email: _____                                                |
| Name: _____                                   | Team Responsibilities: _____                                |
| Cell: (_____) _____                           | Email: _____                                                |
| Name: _____                                   | Team Responsibilities: _____                                |
| Cell: (_____) _____                           | Email: _____                                                |

! Fill in team member contact information and team responsibilities! Return to CYM leadership ASAP!

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CYM Administration Use Only:

Items Received: _____	Payment: Yes / No _____	Mileage Check: Yes / No _____	Church Eval: Yes / No _____
	Team Eval: Yes / No _____	Mileage Request: Yes / No _____	