



MACEDONIA

BAPTIST CHURCH OF BALTIMORE CITY

A Place of Transformation

ACTIVITY REQUEST FORM

All Information Must Be Filled In Completely
Return to the Church Clerk or Church Secretary **90 Days Before** the Event

Name of Contact Person for the Event:

Location: Macedonia Baptist Church of Baltimore City

Member: _____ Non-Member: _____

Telephone: Day _____ Evening _____

Email Address: _____

For Approval of Activity and Assignment of Space

Date of Request:

Organization/Ministry Sponsoring Activity:

Was Activity Requested Budgeted for Fiscal Year? Yes _____ No _____

Date, Time and Space Requested: _____

Security Requested: Yes _____ No _____

Type of Activity:

Meeting ___ Breakfast ___ Lunch ___ Dinner ___ Tea ___ Play ___ Musical ___

Reception ___ Bazaar ___ Fashion Show ___ Seminar ___ Worship Service ___

Wedding ___ Audio Equipment ___ Other _____

Explain:

718 West Lafayette Avenue Baltimore, Maryland 21217
(Office) 410-669-5776 (Fax) 410-669-5783 www.mbcbc.org

Revised December 2017