

OUTSIDE GROUPS—EVENTS, MEETINGS, & FUNDRAISING ACTIVITIES FORM

EVENT INFORMATION Name of Event One-time Event	EVENT CONTACT PERSON Name
	Phone Number(s)
	Date(s)
(For recurring events, please provide a date range or list additional dates on the back of this form.)	
Start Time	
End Time	
Estimated Number of Persons Attending	
(Please complete the attached room use request form.)	
TYPE OF EVENT	
PURPOSE OF THE EVENT	
CHILD SAFETY AND PROTECTION	
Will there be minors (children under the age of 18) pres	ent without their parent(s)/guardians(s)? \Box Yes \Box No
Will adult members (ages 18 and older), or adult participation at any time? \square Yes \square No	pants at this event, be responsible for minors other than their own
If "Yes," our Children's Pastor, Liz McReady, will contact yo at 301-654-2488 or at liz.mcready@allsaintschurch.net .	u regarding our Child Safety Protection Policies or you may contact he
FUNDRAISING	
Will participants be asked to donate either money or go	oods for charitable causes? Yes No
If "Yes," please give details.	
document. If alcohol is served, I agree to adherence to the policie	Guidelines. I have read and accept the terms and conditions stipulated in this as set forth in the <u>Alcohol Policy</u> of All Saints Church. I also agree that if children for the children within the guidelines of the ASC <u>Child Protection Policy.</u>