



# FWPC

FAMILY WORSHIP & PRAISE CENTER  
QUINCY D. GRIFFIN SR., PASTOR  
CYRUS F. FLANAGAN, FOUNDER

**PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH A TENTATIVE OUTLINE OF EVENTS  
NO LATER THAN 14 DAYS PRIOR TO EVENT DATE**

Date Submitted: \_\_\_\_\_

Committee Coordinator: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Event Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Expected No. of Persons \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Start/End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Setup Time: \_\_\_\_\_

\*# of Tables: \_\_\_\_\_ \*# of Chairs: \_\_\_\_\_

Additional Setup Needs: *(\*Please be prepared to have your own crew to setup facility as needed for your event)*

**Audio/Video Setup**

Audio Setup Needed: \_\_\_\_ Yes \_\_\_\_ No      Video Setup Needed: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ : # of Speakers    \_\_\_\_ : # of Microphones Stands    \_\_\_\_ : # of Microphones    \_\_\_\_ : # of Video Cameras

**Security/Transportation Setup *(Please note ALL non-meeting events will need security for their event)***

Security Needed: \_\_\_\_ Yes \_\_\_\_ No      Transportation Needed: \_\_\_\_ Yes \_\_\_\_ No

*Please obtain the following signatures for approval PRIOR to turning into Administration.*

Media Staff Signature *(Teacher Jessica Jones)* \_\_\_\_\_ Date: \_\_\_\_\_

Security Staff Signature *(Elder Fran Barber)* \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Signature *(Elder Marcus Scott)* \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**

\_\_\_ **APPROVED** \_\_\_ **DENIED** Administrative Signature \_\_\_\_\_ Date: \_\_\_\_\_