



Event Request Form

Date _____

Approved _____

"Pending Approval of team leader & team board link"				
Presenter/ Facilitator	Name as it will appear on check:			
Mailing Address:		Phone:	Email:	
Type of Class/Event	One Time Class/Event		How long?	Preferred Day
	Multiple Days	Number of classes	Preferred Days/Dates	Times (from/to)
	SALT (Sunday Adult Learning Time) Sunday from 9:30 – 10:15 am		Number of Sundays	Preferred Start Date
Class/Event Description (subject, format, etc) expected outcome for participants				
Presenter's relevant training, credentials Bio Info (may be used on promotional materials, etc.)				
Requirements: Auto Visual Needs Supplies Needs Setup Needs				
Cost for Participants	Love Offering (no set fee)		Other (Amount and what it covers)	
Anticipated Cost to USCL (attach budget)				
Additional Information, if relevant				
Payment to Facilitator	50/50 split between USCL and facilitator		Other (describe)	
Facilitator's Check (Mark One)	Will Pick Up		Please Mail	
USCL Office Notes				