

Women's Ministry Program Approval Form

Monthly Team requesting the program: _____

Person responsible for program: Name: _____ Phone: _____

E-mail: _____ Date request submitted: _____

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What event / program are you requesting the program for?

Date of the event / program? _____

What will the program be about?

Is the program in compliance to the following?

The Church Policies & Procedures, programs, literature, books, etc.

Yes___ No___ N/A___

- a) No off-color jokes, promotion or criticism of specific political candidates, and no criticism about other churches, community programs, local individuals?

Yes___ No___

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Approved By Advisory Team___ Not approved___ If not approved, why was it not approved?

Signed_____ Date_____

Signed_____ Date_____

This form is used for in-house programs as reference for Monthly Teams use at future luncheons.