# Women's Ministry Program Approval Form

Use this form for Monthly Team luncheon programs that do not use an outside speaker.

**Requester:**

Monthly Team requesting the program: _____

Program Name _____ Program Date _____

Person responsible for program:
Name:_____Phone:_____

E-mail:_____ Date Request Submitted _____

**Event:**

Event Name: _____

Presenter/Speaker: _____

What will the program be about? _____

_____

_____

Is the program in compliance with the following?

a) The Church Policies & Procedures for programs, literature, books, etc.
☐ Yes ☐ No ☐ N/A

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

**Women's Ministry Advocate Approval**

☐ Approved ☐ Not approved If not approved, why not? _____

_____

Signed _____ Date _____

Signed _____ Date _____