



## Request to Run Event

Church / Organization	
Contact person	
Contact number	

### Event Information

Type	<input type="checkbox"/> Church Camp Children's Programme <sup>i</sup>	<input type="checkbox"/> Evangelistic Outreach
	<input type="checkbox"/> Training Children to Witness	<input type="checkbox"/> Christian Growth / Missions
	<input type="checkbox"/> Teachers' Training / Retreat	<input type="checkbox"/> Parents' Workshop
Details		
Objective		

If evangelistic, please share brief promotion plans:

Date		
Time	From _____ to _____	
Place		
Expected number	Preschool children	Lower primaries
	Upper primaries	Teachers
	Parents	

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#### FOR OFFICE USE ONLY

Number of participants	CHILDREN				YOUTH	ADULTS	REMARKS
	Below 4 years old	4 to 6 years old	7 to 9 years old	10 to 12 years old			
Profession of Faith							