PIONEER & WESTERN BAPTIST ASSOCIATIONS
Mission/Evangelistic Event Funds Request Form

Church Name: Date:

Name of Event:

Director of the Event's Name:

Event Date(s):

Detailed description of event attached? ☐ Yes ☐ No

Is this the first time your church has held this event/participated in this event? ☐ Yes ☐ No

Total Anticipated Cost of the Event: $ Amount of Cost Requested: $

Budgeted Items/Costs for this Event:	Amount of This Item You Wish Covered:

Please continue on a separate sheet if necessary

As a partner in your mission/evangelical event the association would like to be periodically informed of how the event is progressing and to receive a report after the completion event to share with other churches your struggles and successes.

Date(s) of anticipated progress/completion report(s):

Please briefly tell use how you foresee this event directly impacting the growth of God's Kingdom:

Please continue on a separate sheet as necessary

Submitter's Printed Name Submitter's Signature