



# BOSTON BAPTIST COLLEGE Master Calendar Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Request Filing: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Please describe your event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Requested Event: \_\_\_\_\_

Event Frequency:    ONCE    MONTHLY    BI-WEEKLY    WEEKLY    DAILY

Event Day(s) [if recurring only]:

SUNDAY    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY

Event Time(s): \_\_\_\_\_

Location: \_\_\_\_\_

Staff Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Supervisor

\_\_\_\_\_  
Date

**EVENT IS NOT OFFICIALLY VERIFIED UNTIL CONFIRMATION EMAIL IS RECEIVED**