



ST.PETER'S
African Methodist Episcopal Church

ROOM SET-UP REQUEST

Please have THIS request submitted to the church office – at LEAST one (1) week BEFORE your event to allow our custodian sufficient time to set up and respond back to you should he have any questions. Submit to office via email @ stpetersame@msn.com

Date of Request Submission: _____

Date of EVENT: _____

Name of person submitting: _____

Contact Info: Phone #: _____ **Email:** _____

Ministry/Organization Name: _____

Purpose of Event/Meeting: _____

Start/End Date & Time of Event: _____

Is this a recurring event? If so how often? _____

What room(s) Need to be Set-up: _____

What is the format for event? Round tables, long tables (how many of either): _____

“U” shape of chairs? How many chairs: _____

Will you need a podium? _____

Will you need a mic/speaker/projector/screen? _____



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SICK & SHUT IN NOTICE

Please help both the ministerial team and Class Leader President stay informed by letting us know when a member is sick, in the hospital, facing surgery or some other medical procedure. As a COMMUNITY of FAITH – let's strive to keep one another lifted in prayer. Submit to office via email @ stpetersame@msn.com or call the church office @ 612-825-9750.

Date: _____

Reporting Person: _____

Sick Member: _____

Home: _____ Hospital: _____

Address: _____ Room #: _____

Telephone # _____

Brief description of illness/medical situation: _____

How long will person be away from church? _____

Will Communion need to be served? _____



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CHECK REQUEST/REIMBURSEMENT FORM

Please Note: **NO NEW CHECKS** will be issued for *any ministry, work, travel or reimbursement* if there are *outstanding receipts from past checks!*

Check Requested by: _____ Date: _____

Event/Reason for Expenditure: _____

Amount Requested: _____

(Please attach ALL receipts)

Check Payable to: _____

Mailing Address: _____

Completed by Church Office

Expense Acct	Ministry	2 Digit Acct #	Amount

Total Check Amount: _____

Chairperson's Approval: _____ Date: _____

Pastor Approval: _____ Date: _____



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MEDIA MINISTRY REQUEST FORM

All requests must be submitted in writing. Submit to church office via email @ stpetersame@msn.com or call the church office @ 612-825-9750.

Submission Date: _____

Name of Ministry/Organization: _____

Name of Person making request: _____

Date of Service/Program: _____

Start & End Time of Program/Event: _____

Location (*if outside of church*): _____

Services needed from Media Ministry:

Microphone(s) _____ How many: _____

Screen: _____

Sound: _____

Music: _____

Special Needs: _____



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BEREAVEMENT NOTICE

Please help both the ministerial team and Class Leader President stay informed by letting us know when a member has died and to request use of the sanctuary and/or lower level for a funeral and repast. As a COMMUNITY of FAITH – let's strive to keep one another lifted in prayer. Submit to office via email @ stpetersame@msn.com or call the church office @ 612-825-9750.

Date: _____

Reporting Person: _____

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Person to contact: _____

Address: _____

Telephone # _____

Email: _____

Date and Time of Funeral: _____

Repast at St. Peter's _____

Affiliation with St. Peter's AMEC: _____

Family Affiliation at St. Peter's AMEC: _____
