JOURNEY FELLOWSHIP BAPTIST CHURCH

Shower Event Request Form

Event Type: ☐ Wedding ☐ Baby Other: _____

Shower recipients: _____

Host Name: _____

Desired date and time of shower: _____

☐ Pastor - check and initial when approved _____

The couple will be given a:

☐ Shower Table Only

☐ Shower Only Location: _____

☐ Both Shower and Shower Table

Notes:

AGREEMENT

I have read and understand the Journey Fellowship Baptist Church Shower Policy, and agree to respectfully abide by the guidelines stated within.

_____ _____

Host – Print Name Shower Team Leader Date

_____ _____

Host – Signature Date Women's Ministry Director Date

I give my authorization for the above activity and have placed the event(s) on the church calendar.

_____

Pastor – Signature Date