



_____ **PLANNING CALENDAR**

Please submit your _____ dates. A copy of this form will be emailed to you upon submission.

Please note: Dates submitted are subject to approval. An **Event Planning Form** and **Pastoral Approval** are still required for each event 6 weeks in advance.

Ministry Name: _____

Full Name: _____

Email: _____

Submit your proposed January _____ dates:

Submit your proposed February _____ dates:

Submit your proposed March _____ dates:

Submit your proposed April _____ dates:

Submit your proposed May _____ dates:

Submit your proposed June _____ dates:

Submit your proposed July _____ dates:

Submit your proposed August _____ dates:

Submit your proposed September _____ dates:

Submit your proposed October _____ dates:

Submit your proposed November _____ dates:

Submit your proposed December _____ dates: