



Mayfield Memorial Missionary Baptist Church, Inc.
700 Sugar Creek Road West
Charlotte, NC 28213
(704) 596-7935
mayfieldmemorial@gmail.com

Activity Planning Sheet

Name of Auxiliary/Responsible Party planning activity: _____

Auxiliary President or Chairperson/Main Contact: _____

Describe briefly activity planned: _____

Which part of the church facility will be used?

Sanctuary Fellowship Hall Other _____

Date of Activity: _____ Time _____

Will Transportation be needed? Yes No

Approximate number of persons involved in planned activity: _____

Signature of Auxiliary President/Chairperson/ Main Contact: _____

Phone Number & E-Mail of Auxiliary President/ Chairperson/ Main Contact:

NOTE: Activity Planning Sheet must be received in the office at least two weeks before activity is to be held.

For Office Use Only	
Date Activity Sheet Received _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
If Disapproved, Reason: _____	
Date of Approval _____	