

## GROUP or MINISTRY Requesting Approval

(Please Print or Type)

\* Name of Group

\* Name of contact person

\* Address

\* Phone number of contact person

*\* All Items with an asterisk must be filled out or request will **not be considered***

Return completed form via E-mail to [olvrecpt@qwest.net](mailto:olvrecpt@qwest.net) or leave at OLV Office.