



**AGLOW EVENT FORM – FOR NO CONTRACT EVENTS**  
**(FOR CERTIFICATE OF INSURANCE)**

**1. AGLOW CONTACT INFORMATION:**

Name of Aglow Event Leader \_\_\_\_\_ Position: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name of Aglow Group: \_\_\_\_\_  
Aglow Group Address: \_\_\_\_\_

Event Will Be Located In: (circle one)

Home          Church          Other: \_\_\_\_\_

**2. VENUE (or Church) INFORMATION:**

Name of Venue/Church: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Are any permits required for your event/meeting? Yes\_\_\_\_ No\_\_\_\_\_

Does Venue require a certificate of insurance? Yes\_\_\_\_ No\_\_\_\_\_

Does Venue need to be listed as "Secondary Insured" on the Certificate of Insurance? Yes\_\_\_\_ No\_\_\_\_\_

**3. EVENT INFORMATION:**

Date(s) of Event: \_\_\_\_\_  
Number of Anticipated Attendees (best guess): \_\_\_\_\_  
Name of Aglow Group Event Leader (if different than the Aglow contact above) \_\_\_\_\_  
Briefly describe your event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. SIGNATURES:**

\_\_\_\_\_  
*Aglow Leader Signature*

\_\_\_\_\_  
*Venue Owner/Pastor/Contact Person Signature (if applicable)*