AGLOW NEW/CHANGE OF MEETING VENUE FORM

Name of Aglow Event Leader: _____ Position: _____

Home Phone: _____

Email: _____

Name of Aglow Group: _____

Aglow Group Address: _____

Event Will Be Located In: Home: ____ Church: _____ Other: _____

1. 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 _____

2. MEETING INFORMATION:

Date of Meeting(s): _____

Number of Anticipated Attendees (best guess): _____

Name of Aglow Meeting or Event Leader (if different than the Aglow contact above):

_____

Briefly describe your meeting/event:

_____

_____

_____

3. SIGNATURES:

_____ _____

Aglow Leader Signature *Venue Owner/Pastor/Contact Person Signature (if applicable)*