



# Shelter From The Storm Ministries

## Event Application Form

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you require volunteers? \_\_\_\_\_ YES NO  
  How many Volunteers? \_\_\_\_\_ Date of Event: \_\_\_\_\_

Have worked with SFTSM in the past? YES NO  
  If yes, when? \_\_\_\_\_

Description of Event:

---

---

---

---

---

---

---

---

---

---

---

---

### Event Information

Type: \_\_\_\_\_ Location: \_\_\_\_\_

### Notes