

LIFE CHURCH OF GOD IN CHRIST
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<i>Office Use Only</i>
Received By: _____
Date Received: _____

DATE CHANGE REQUEST FORM

Today's Date: _____

Dept./Aux. Leader _____

Dept./Aux. Name _____

Address _____

Day Phone # _____ Evening Phone # _____

E-mail _____ Fax # _____

Response requested by: Phone Fax E-mail Mail

Name of Event: _____

Original Date: _____

Newly Requested Date: _____

Reason for Date Change: _____

Signature of Dept./Aux. Leader: _____

(For Office Use Only)

Approved

Denied

Pending

Comments: _____

Administrator's Signature: _____ Date: _____

White: Office Administrator

Yellow: Auxiliary Coordinator

Pink: Aux./Dept.

Date Change Request Form / C. Gates / 02-26-03 Revised 03-06-03