**CHRIST ALIVE CHURCH**

**Room Change Request Form**

**Purpose:**
To request and document changes to the use, assignment, or setup of a church room or ministry space.

**I. REQUEST**

**Ministry / Department: _____**

**Requested By: _____**

**Date Submitted: _____**

**Current Room / Space: _____**

**Requested Room / Space: _____**

**Requested Effective Date: _____**

**II. REASON FOR REQUEST**

Briefly explain the reason for the room change and how it will support ministry needs.

**III. IMPACT & REQUIREMENTS**

**Will this change affect another ministry or group?**

☐ No ☐ Yes — Who? _____

**Furniture / Equipment / Technology Changes Needed:**

**Additional Setup or Facilities Needs:**

**IV. LEADERSHIP DECISION**

☐ **APPROVED**
☐ **APPROVED WITH MODIFICATIONS**
☐ **TABLED FOR FURTHER REVIEW**
☐ **NOT APPROVED**

**Comments / Conditions:**

**V. APPROVAL**

**Oversight Pastor / Executive Leader**

Name: _____

Signature: _____

Date: _____

**VI. COMPLETION**

**Change Completed:** ☐ Yes ☐ No

**Completion Date:** _____

**Completed By:** _____