# SPECIAL SABBATH REQUEST FORM

**Requesting Department Information**

Department Name:_____

Person Requesting:_____

Contact Phone:_____ Email Address: _____

Date of Request Submission:_____

**Requested Sabbath Dates**

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

**Rationale for Department Day**

Please provide a clear explanation of why your department is requesting a special Sabbath day and what you hope to accomplish:

_____

_____

_____

Which portions of the Sabbath service will your department oversee?
(Check all that apply)

□ Sabbath School □ Divine Hour / Worship Service

□ Afternoon Program (Time): _____

**Guest Speaker Information**

IMPORTANT NOTICE: All speakers are invited at the invitation of the Pastor or First Elder. You must discuss your speaker suggestion with pastoral leadership BEFORE making ANY contact with a potential guest speaker. Any official invitations will come from the Pastoral Team only.

**Have you discussed this speaker suggestion with the Pastor or First Elder?**

□ Yes, discussed on (Date): _____ □ No, not yet discussed

Suggested Speaker Name: _____

Speaker's Church/Organization: _____

Speaker's Phone: _____ Email Address: _____

Brief Background on Suggested Speaker:

_____

_____

_____

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### Financial Responsibility

Is your department prepared to cover all costs associated with this special day?

□ Yes, our department will cover all costs
□ No, we are requesting church budget support
□ Partial (please explain): _____

Costs your department is prepared to cover: (Check all that apply)

□ Speaker honorarium (Amount budgeted): $ _____
□ Speaker travel expenses (airfare, mileage, etc.)
□ Speaker lodging
□ Speaker meals
□ Other Guests: Singers(s), musician(s), others: _____
(Any associated costs should be listed under Other expenses)
□ Other expenses (specify): _____

_____

_____

### Order of Service Modification

IMPORTANT NOTICE: First SDA Church of Paterson has a standard order of service that we do not deviate from. However, if your department plans to include any of the following, please clearly identify them below.

**Will your department include any of the following? (Check all that apply)**

□ Special presentations during service (describe below)
□ Additional special music beyond standard worship (describe below)
□ Visual presentations / multimedia (describe below)
□ Special emphasis or recognition moment (describe below)
□ Other modifications (describe below)

**Detailed Description of Any Additions or Modifications:**

_____

_____

_____

_____

_____

Approximate time needed for special elements: _____ minutes

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### Additional Information

Is there anything else the Pastoral Team should know about your Department Day request?

_____

_____

### DEPARTMENT LEADER APPROVAL

By signing below, I confirm that this request has been reviewed and approved by our department leadership team and that we understand all requirements outlined in this form.

**Department Leader Name (print):** _____

**Department Leader Signature:** _____

**Date:** _____

*Please submit the completed form at least 90 days prior to your requested date.*

PASTORAL TEAM USE ONLY

□ Approved
□ Approved with modifications
□ Denied

Date Reviewed: _____

| Notes/Conditions: |
| --- |
| |

**Pastor/First Elder Signature:** _____ **Date:** _____