



CRF

Conference Request Form

New Life Community Church
 990 James Way
 Pismo Beach CA 93449
 805-489-3254

APPROVAL

Executive Pastor _____

Submitted by: _____ Department: _____ Date Submitted: _____ Date Needed: _____

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CONFERENCE INFORMATION

(Attach a copy of the conference brochure)

Conference Name:	
Conference Dates:	
Conference Location:	
Persons Attending:	
Purpose of Conference:	
Benefit to New Life:	

PROJECTED EXPENSES

REGISTRATION	Fee per Person	# of Persons	Total
Registration Fees			

AIRFARE	Cost per Ticket	# of Tickets	Total
Airfare			

VEHICLES	Cost per Vehicle	# of Vehicles	Total
Rental			
Mileage			

LODGING	Cost per Night	# of Nights	# of Rooms	Total
Hotel Room(s)				

MEALS	Cost per Person	# of Meals	# of Persons	Total
Breakfast	\$6			
Lunch	\$8			
Dinner	\$16			

(over)

INCIDENTALS

Cost per Item

Number of Items

Total

INCIDENTALS	Cost per Item	Number of Items	Total

Additional Notes:

COST SUMMARY

Registration	
Transportation	
Lodging	
Meals	
Incidentals	
TOTAL COST	

Requestor Signature:

Executive Pastor Signature

Date:

Date: