

This Event Plan is being provided to OMBC Ministry Teams Leaders. **Document 1** must be completed and submitted to the Executive of Ministry, First Lady Mary Varner to receive the approval of your event 90 days in advance. **THERE ARE NO EXCEPTIONS.** **Document 2**, you are required to complete the checklist during the planning phase of the event. Once your event has been approved, please provide a copy of **Document 2** to the Executive Of Ministry within 30 days of the Event.

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| **Ministry Event Plan - Document 1** |
| **Ministry Hosting the Event:** |  |
| **Name and Description of the Event:** |  |
| **Date of the event:** |  |
| **Time of the event:** |  |
| **Are you requesting Church funds:**(If yes, how much.) |  [ ]  Yes [ ]  No Dollar amount: $ |
| **Location of the Event:** (If off site, please provide the location) |  |
| **Event coordinator / contact person(s)****Phone #:****Email:**  |   |
| **Logostics: Setup** (number of chairs, tables,etc.) **Please use the *Diagram Sheet* below for particular setups.**  |  |
| **Child care needed:**  |  [ ]  Yes [ ]  No |
| **Number of people expected:** |  |
| **Targeted audience – please check all that apply.** (Age groups and /or other ministries) |  [ ]  Seniors [ ]  Singles [ ]  Children [ ]  Women  [ ]  Community [ ]  Men [ ]  All Church  |
| **Message – what do you want to convey to the audience.**  |  |
| **Event Purpose / Objectives – why**(Be clear about what you hope to achieve with this event.) |  |

**DIAGRAM OF ROOM SETUP**

(Please draw a diagram showing location and number of chairs, tables, other special equipment needs, etc.; include the location of doors, windows, etc. so that facility staff will have an orientation of the room. A diagram will be needed for each room.)

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| **Date Submitted:**  |  **Signature:**  |
| **Date Approved:**  |  **Signature:** |