

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:** |