

Event Planning Form

Please fill out this form and give it to the activities committee to be added to the calendar. Thank you for your cooperation!

Event Information:

Name: _____

Event Date: _____ Time: _____

Event Description: _____

Organizer Information:

Name: _____

Phone #: _____

Email: _____

Event Details

Purpose of Event: _____

Expected Number of Attendees: _____

Is the event open to the public? Yes/No

Special Guests/Speaker:

Volunteers & Staffing

Number of Volunteers Needed: _____

Roles Required: _____

Point of Contact for Volunteers:

Resources & Logistics

(please check all that apply)

Facilities Needed:

- Sanctuary ___
- Fellowship Hall ___
- Classrooms ___
- Outdoor Area ___
- Youth Building ___

Equipment Needed:

- Audio/Visual ___
- Microphones ___
- Projector/Screen ___
- Tables/Chairs ___
- Other _____

Food/Beverage Service: Yes___ No___

If yes, please specify: _____

Promotion & Communication

How will the event be promoted?

- Church Bulletin___
- Website___
- Social Media___
- Flyers/Handouts___
- None at all___

For Activities Committee to Complete:

Approved by pastor? Yes___ No___

Signature: _____

Date of approval: ___/___/_____

Date added to calendar: ___/___/_____