



Ministry Event Planning Form

NOTE: In an effort to provide efficient communication regarding your upcoming event, please complete all necessary spaces and return this form to the office at least 60 - 90 days prior to event.

Ministry:	Date:
Ministry Leader:	Home Phone:
Email:	Cell Phone:

Event Information:

Title:	Date: Time:
Type:	Scripture/Theme:
Participants Expected:	

Office Requirements:

Request Creation of: Signup Sheet ___ ___ Bulletins Posters: Qty. ___ ___ Postcards: Qty. Insert Flyer ___ ___ Insurance Waiver PowerPoint ___ ___ Announcement Slide Announcement Slide ___ ___ Presentation	Advertising: ___ Newspaper ___ Radio ___ Churches ___ Other
Sunday Service Announcement Date:	Other Instructions:

Facility Requirements:

Access Time Requested:	Person Responsible for Access to Facility:	Person Responsible for Securing Facility:
Area of Use Requested: ___ Sanctuary ___ Classroom ___ Kitchen ___ 1 st Floor Conference Room ___ Activity Center ___ Choir Loft ___ Outside grounds ___ 2 nd Floor Conference Room		
Tables/Other Items Requested: ___ 6-foot round tables ___ 12-foot long tables ___ Tablecloths ___ Set-up of Tables ___ Food Serving Tables ___ Other items: _____		
Special Instructions:		

Prayer Requirements:

Team requested during event	Prayer requests for event:
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Kitchen Requirements:**Meal Request:**

<input type="checkbox"/> Breakfast # Expected _____	<input type="checkbox"/> I have a Caterer
<input type="checkbox"/> Lunch # Expected _____	
Name _____	Certificate of Liability? __Yes __No
<input type="checkbox"/> Dinner # Expected _____	<input type="checkbox"/> Request help with meal prep
<input type="checkbox"/> Reception # Expected _____	

Supplies Needed:**Equipment Requested:**

__ Coffee Maker __ Freezer __ Oven __ Refrigerator __ Warmer
 __ Stove Other: _____

Technical/Ministry Assistance**Sanctuary:**

<input type="checkbox"/> Podium	<input type="checkbox"/> Special Lighting
<input type="checkbox"/> Sound	<input type="checkbox"/> Piano/Organ
<input type="checkbox"/> Pulpit Podiums Removed	<input type="checkbox"/> Computer
<input type="checkbox"/> Microphone(s)# _____	<input type="checkbox"/> TV
<input type="checkbox"/> Projector	

Other Equipment:

__ DVD
 __ TV
 __ Portable Projector
 __ CD
 __ Vocalists

Ministry Assistance:

__ Sound Tech __ Video Tech __ Ushers __ Nurses __ Greeters
 __ Musicians __ Vocalist

Transportation/Lodging:

__ Church Bus/Van __ Charter Coach

Other Instructions (i.e. PowerPoint, Audio, etc.)**Finance Requirements:**

__ Estimated event budget: \$ _____ (Attach detailed budget)
 __ Budgeted from Ministry line item: _____
 __ Unbudgeted \$ _____

(All unbudgeted items must be pre-approved by Pastor)

- __ Offerings will be collected
- __ v Please turn in an accounting of expenses within seven days of the conclusions of your event for church records.
- __ v Additional checks cannot be issued until receipts are submitted for all outstanding checks.
- __ v All monies collected by ministries must be turned in weekly. Receipts must be given to each person from whom money was received. Ministry Leaders must receive advance approval to collect money from its ministry members or the congregations.