

Name of Event:	Comp
Name of Event: Date and Time of Event: Location of Event:	
Ministry:	
1. If resources are needed, please attach the Event Res	source Worksheet.
2. Are contracts required for this event? Circle YES of Give Details:	
3. Estimated Budget (Attach Event Budget Workshee	et):
4. Please circle which of the following forms are attac	ched:
Agenda Announcement Form Building I	Form Budget Form
5. Purpose of Event:	
6. How does this event support our Mission?	
Committee Members:	
Ministry Leader's Signature:	Date:
Pastor's Signature:	_ Date: