[Church Name] Event Planning Form

In effort to provide efficient communication regarding your upcoming event, please complete all necessary spaces and return this form to the office at least 30 days prior to your event.

OFFICE USE ONLY		7					
Received By:	Date:						
Approved By:	Date:						
			T .				
Ministry Team:		Today's Date	e: 				
Contact Person:		Home Phone	e:				
Email Address:		Cell Phone:					
					T		
Title of Event:				Date:	Time:		
Type of Event:	Event The	Event Theme:					
Number of People Expected:							
Office				Сору	Given to Staff □		
Request creation of:				Advertisir	ng:		
☐ Signup Sheet ☐ Insert/Fly		□ Announcement Slide □ Newspaper					
☐ Posters Amt: ☐ Bulletins			int Presentatio				
☐ Tickets Amt: ☐ Postcards☐ Other:	□ Insurance	☐ Insurance Waivers ☐ Churches ☐ Other:					
Request announcement during service	e on:	Other Instr	uctions:	I			
Facility Copy Given to Team Chair □							
Person opening building day of Time building		· ·	Person locking building day of Time building				
event:	open:	event:			closed:		
Areas Requested:							
☐ Sanctuary ☐ Library		nt Nursery	□ Kitchen		Off Campus		
☐ Fellowship Hall ☐ Children's Ro		dler Nursery	□ Foyer		Other:		
☐ Kitchen ☐ Youth Room		School Nursery Outdoor/Lawn					
Tables Requested:			cellaneous Requested:				
□ 6-Foot Amt: □ Padded Chairs:		Podium □ Tablecloths □ Dividers					
☐ Round Amt: # Per Table			•				
Special instructions (e.g. platform clea	red, tellowship	p hall empty):					

Custodial			Copy Given to Staff \Box			
☐ Set Up Help Requested Day/Time:			Day/time you would like room/facility			
☐ Take Down Help Requested Day/Time:			available:			
Special instructions:						
Prayer			Copy Given to Team Chair 🗆			
☐ Team requested during event:	Prayer requests fo	or event	t:			
Kitchen			Copy Given to Team Chair □			
Paper products requested: Fo			ood requested:			
			□ Coffee Amt: □ Condiments Amt:			
□ Cups Amt: □ U			□ Lemonade Amt: □ Butter Amt:			
Special Instructions:			Sugar/Creamer Other (list) Amt:			
Citing of the Mendadi		<u> </u>				
Other Supplies Needed:						
Equipment Req:			Help requested (must be approved by ministry			
□ China □ Stove	□ Dishwasher	r	chair):			
☐ Silverware ☐ Oven	□ BBQ		□ Meal Prep #:			
☐ Coffee Maker ☐ Convection (Oven 🗆 Popcorn Ma	ach	□ Clean Up #:			
☐ Refrigerator ☐ Warmer	□ Cotton Can		□ Servers #:			
☐ Freezer ☐ Roasters	Maker					
Technical/Music			Copy Given to Team Chair \Box			
Sanctuary:	<u>-</u>	0,	ther Equipment:			
	nputer 🗆 Projector		TV □ DVD Player □ CD Player			
	ium ☐ Piano/Org	_	Laptop □ VHS Player □ Screen			
☐ Microphone(s) #:			Portable Projector			
Other Areas:			ther Requests:			
☐ Sound Equipment ☐ Ligh	ting 🗆 Other		☐ Photograph Event ☐ Audiotape Event			
☐ Microphone(s) #:			Videotape Event			
People (must be approved by Cor	•	-				
☐ Sound Tech ☐ Computer T			reeters Musician(s) Vocalist(s)			
Other instructions (e.g. John Doe	is doing sound, Powe	rPoint r	needs audio):			
Childcare			Copy Given to Team Chair \Box			
Help requested for the following	ng ages (must be ap	nroved	.,			
	. 10 m 0 m 0 m 1 m 1 m 1 m 1 m 1 m 1 m 1	P	, o, roam			
□ 0-2 Years #: □ 2-4 Y	Years #: 🗆	3 4-5 Ye a	ars #: 🗆 5+ Years #:			

Finance
Estimated event budget: \$
□ Budgeted from Ministry Team line item:
☐ Unbudgeted, no finances from [Church Name] will be used unless expenses are pre-approved by the
Church Board
□ Offering or proceeds will be collected. (Administrator will provide instructions.)
☐ If event is a fundraiser, it has been approved by the Church Board as required.
Please turn in an accounting of expenses and profits of your event for church records.
Any special needs or requests not covered: