

# Event Planning Request Form

**MUST Submit to the church office 12 weeks prior to your planned event.**

## STEP ONE

PLEASE PRINT LEGIBLY.

Sponsoring Ministry \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Event Location \_\_\_\_\_

Address if off site \_\_\_\_\_

Room Requested: \_\_\_\_\_

Secretary Initials Confirm Room Availability \_\_\_\_\_

## STEP TWO & FIVE

REQUIRED STAFF APPROVAL SIGNATURES:

Senior Pastor \_\_\_\_\_

Assistant Pastor \_\_\_\_\_

## STEP THREE

ANY event related expenses require a signed purchase order from the Finance Dept. PRIOR to expenditure.

### Event Sponsor Contact

Name \_\_\_\_\_ Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Secondary Event Sponsor Contact

Name \_\_\_\_\_ Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Email \_\_\_\_\_

Event Purpose/Details \_\_\_\_\_

\_\_\_\_\_ (use back if needed)

## STEP FOUR

Initials of Ministry Leader confirms availability

### Hospitality

o Hospitality Workers # \_\_\_\_\_  
(specify duties) \_\_\_\_\_

Initials of Ministry Leader confirms availability

### Food/Supplies

Budget \$ \_\_\_\_\_  
Food and Beverages (please specify what is requested)

Initials of Ministry Leader confirms availability

### Custodial Services

Details: \_\_\_\_\_

o Setup time \_\_\_\_\_  
o Break down/Clean up \_\_\_\_\_

Initials of Ministry Leader confirms availability

### o Child Care Arrangements

times needed \_\_\_\_\_ - \_\_\_\_\_

Initials of Ministry Leader confirms availability

### o Security Arrangements / times needed

(required for all youth events)

\_\_\_\_\_ - \_\_\_\_\_

Initials of Ministry Leader confirms availability

### o Communications Materials

(Submit a Communications Request Form)

o bulletins/ quantity \_\_\_\_\_  
o flyer(s)/ size \_\_\_\_\_ quantity \_\_\_\_\_  
o poster(s)/ size \_\_\_\_\_ quantity \_\_\_\_\_  
o invitations/ quantity \_\_\_\_\_  
o powerpont/slideshow \_\_\_\_\_  
o other \_\_\_\_\_  
quantity \_\_\_\_\_

Initials of Ministry Leader confirms availability

### Audio/Visual Equipment Needed

o duplication of DVDs/CDs # \_\_\_\_\_  
o audio/sound technician \_\_\_\_\_  
o lighting technician \_\_\_\_\_  
o sound system/speakers \_\_\_\_\_  
o microphone(s) # required \_\_\_\_\_  
o extension cord(s) # required \_\_\_\_\_  
o cd/dvd player \_\_\_\_\_  
o overhead projector \_\_\_\_\_  
o laptop and projector \_\_\_\_\_  
o tv/vcr \_\_\_\_\_

# Event Planning Checklist

## REQUIREMENT

## STAFF CONTACT

### STEP ONE

Calendar (Date, Time, Facilities)

Sis Shirley Wesley  
509-4024  
truevinesasw@yahoo.com

### STEP TWO

Event Authorization  
Pastor Grice/Rev Greene  
(Approve/Disapprove )

Sis Shirley Wesley  
509-4024  
truevinesasw@yahoo.com

### STEP THREE

Finance  
Purchase Order

Sis Gwen Edwards  
509-4024  
gwen.edwards@sbcglobal.net

### STEP FOUR

Ministry Support: Hospitality, Security, Publicity,  
AV Techs, Computer Techs, History, Printing,  
T-shirts, copies, supplies, etc.  
Notify ministry leader of status

Sis Michele Ford  
509-4024  
truevinesamf@yahoo.com

### STEP FIVE

Event Specifics Authorization  
Pastor Grice/Rev. Greene  
(Approve/Disapprove )

Sis Shirley Wesley  
509-4024  
truevinesasw@yahoo.com

### STEP SIX

Follow-up reports (receive and file)

Sis Michele Ford  
509-4024  
truevinesamf@yahoo.com

