

Event Planning Form

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 30 days prior to your event.

OFFICE USE ONLY

Rec'd by:

Date:

Approved by:

Date:

Ministry Team	Today's date	Date:
Contact person	Home phone	
Email address	Cell phone	

Title of Event	Date	Time
Type of Event	Theme	
# of people expected:		

Office

Copy given to staff

Request creation of: <input type="checkbox"/> Signup sheet <input type="checkbox"/> Posters Amt: _____ <input type="checkbox"/> Tickets Amt: _____ <input type="checkbox"/> Other:	<input type="checkbox"/> Insert/Flyer <input type="checkbox"/> Bulletins <input type="checkbox"/> Boxes <input type="checkbox"/> Postcards Amt: _____	<input type="checkbox"/> Announcement slide <input type="checkbox"/> PowerPoint presentation <input type="checkbox"/> Insurance waivers	Advertising: <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Churches <input type="checkbox"/> Other:
Request announcement during service on:	Other instructions:		

Facility

Copy given to Team chair

Person opening building day of event:	Time building open:	Person locking building day of event:	Time building closed:				
Areas requested: <input type="checkbox"/> Sanctuary <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Kitchen				<input type="checkbox"/> Library <input type="checkbox"/> Children's Room <input type="checkbox"/> Youth Room	<input type="checkbox"/> Infant Nursery <input type="checkbox"/> Toddler Nursery <input type="checkbox"/> Pre-School Nursery	<input type="checkbox"/> Kitchenette <input type="checkbox"/> Foyer <input type="checkbox"/> Outdoor / Lawn	<input type="checkbox"/> Off campus <input type="checkbox"/> Other:
Tables requested: <input type="checkbox"/> 6-foot Amt: _____ <input type="checkbox"/> Round Amt: _____		<input type="checkbox"/> Padded chairs: # per table _____	Miscellaneous requested: <input type="checkbox"/> Podium <input type="checkbox"/> Risers	<input type="checkbox"/> Tablecloths <input type="checkbox"/> Metal folding chairs	<input type="checkbox"/> Dividers <input type="checkbox"/> Baptismal		
Special instructions (e.g. platform cleared, fellowship hall empty):							

Custodial

Copy given to staff

<input type="checkbox"/> Set up help requested <input type="checkbox"/> Take down help requested	Day/time: _____ Day/time: _____	Day/time you would like room/facility available:
Special instructions:		

Prayer

Copy given to Team chair

<input type="checkbox"/> Team requested during event	Prayer requests for event:
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Kitchen

Copy given to Team chair

Paper products requested: <input type="checkbox"/> Plates Amt: _____ <input type="checkbox"/> Cups Amt: _____ Special instructions: _____	<input type="checkbox"/> Napkins Amt: _____ <input type="checkbox"/> Utensils Amt: _____	Food requested: <input type="checkbox"/> Coffee Amt: _____ <input type="checkbox"/> Lemonade Amt: _____ <input type="checkbox"/> Sugar/Creamer	<input type="checkbox"/> Condiments Amt: _____ <input type="checkbox"/> Butter Amt: _____ <input type="checkbox"/> Other (list) Amt: _____
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Other supplies needed:

Equipment requested: <input type="checkbox"/> China <input type="checkbox"/> Silverware <input type="checkbox"/> Coffee maker <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer	<input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Convection oven <input type="checkbox"/> Warmer <input type="checkbox"/> Roasters	<input type="checkbox"/> Dishwasher <input type="checkbox"/> BBQ <input type="checkbox"/> Popcorn machine <input type="checkbox"/> Cotton Candy maker	Help requested (must be approved by Martha Ministry chair): <input type="checkbox"/> Meal prep #: _____ <input type="checkbox"/> Clean up #: _____ <input type="checkbox"/> Servers #: _____
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Technical/Music

Copy given to Team chair

Sanctuary: <input type="checkbox"/> Sound <input type="checkbox"/> Special lighting <input type="checkbox"/> Microphone(s) #: _____	<input type="checkbox"/> Computer <input type="checkbox"/> Podium	<input type="checkbox"/> Projector <input type="checkbox"/> Piano/Organ	Other equipment: <input type="checkbox"/> TV <input type="checkbox"/> Laptop <input type="checkbox"/> Portable projector	<input type="checkbox"/> DVD player <input type="checkbox"/> VHS player	<input type="checkbox"/> CD player <input type="checkbox"/> Screen
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Other areas: <input type="checkbox"/> Sound equipment <input type="checkbox"/> Microphone(s) #: _____	<input type="checkbox"/> Lighting <input type="checkbox"/> Other:	Other requests: <input type="checkbox"/> Photograph event <input type="checkbox"/> Videotape event	<input type="checkbox"/> Audiotape event
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People (must be approved by Corporate Worship chair): <input type="checkbox"/> Sound tech <input type="checkbox"/> Computer tech <input type="checkbox"/> Ushers <input type="checkbox"/> Greeters <input type="checkbox"/> Musician(s) <input type="checkbox"/> Vocalist(s)

Other instructions (e.g. <i>Joe Smith is doing sound, PowerPoint needs audio</i>):

Childcare

Copy given to Team chair

Help requested for the following ages (must be approved by Student Ministries chair): <input type="checkbox"/> 0—2 years #: _____ <input type="checkbox"/> 2—4 years #: _____ <input type="checkbox"/> 4—5 years #: _____ <input type="checkbox"/> 5+ years #: _____
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Finance

Estimated event budget: \$ _____ <input type="checkbox"/> Budgeted from Ministry Team line item: _____ <input type="checkbox"/> Unbudgeted; no finances from Bayside will be used unless expenses are PRE-APPROVED by the Church Board <input type="checkbox"/> Offering or proceeds will be collected. (Administrator will provide instructions.) <input type="checkbox"/> If event is a fundraiser, it has been approved by the Church Board as required. <p style="text-align: center;">Please turn in an accounting of expenses and profits of your event for church records.</p>

Any special needs or requests not covered:

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