

<b>SECTION A</b>	<b>Submit at least 60 Days Before Event</b>	<b>Date Request Submitted:</b> _____
	<b>EVENT Name:</b> _____	<b>How often will event take place:</b> Once <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
	<b>DAY of Event</b> _____	<b>Attendance:</b> <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> Other (give number): _____
	<b>DATE of Event</b> _____	
	<b>TIME of Event:</b> _____ (AM/PM) - _____ (AM/PM)	
	<b>Purpose:</b> _____	<b>Off-Site Location:</b> _____

<b>SECTION B</b>	<b>COMMITTEE MEMBERS (please list)</b>	
	Chairperson: _____	2. _____
	Phone _____	3. _____
	Email: _____	4. _____

<b>SECTION C</b>	<b>FACILITY NEEDS (please check all that apply)</b>	<b>EQUIPMENT NEEDED (please check all that apply)</b>
	<input type="checkbox"/> Café <input type="checkbox"/> Youth Building - East – Spanish Church	<input type="checkbox"/> Sound System <input type="checkbox"/> Easel
	<input type="checkbox"/> Kitchen <input type="checkbox"/> Youth Building - West	<input type="checkbox"/> Overhead Projector <input type="checkbox"/> Easel pads
	<input type="checkbox"/> Sanctuary <input type="checkbox"/> Education Bldg. include Rm. #'s _____	<input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen
<input type="checkbox"/> Stage Set-up <input type="checkbox"/> Parking Lot	<input type="checkbox"/> Tables <input type="checkbox"/> Chairs	
<input type="checkbox"/> Other (please list) _____	<input type="checkbox"/> Pots / Pans (in kitchen) <input type="checkbox"/> Piano	
<b>Facility Open Date/Time:</b> _____ <b>Close Date/Time:</b> _____		

<b>SECTION D</b>	<b>PUBLICITY</b>	
	<b>Program Outline:</b> Please submit a copy of the program to Administration prior to having them printed.	
	Administration has verified program with Committee Yes <input type="checkbox"/> No <input type="checkbox"/> Staff Sign Off _____	
	<b>Name of Speaker(s)</b> ( <i>Speaker must be approved by Elders</i> ): _____	
	Is press release needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will Administration be printing your program? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you having flyers printed up? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has flyer been approved by Administration? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will an elected Official be invited? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who will meet & greet official upon arrival? _____	
<i>Administration needs at least 2 weeks notice to print your event programs, have they been contacted?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>SECTION E</b>	<b>MINISTRY NEEDS (please check all ministries that apply)</b>			
	<input type="checkbox"/> Minister	<input type="checkbox"/> Ushers/Greeters	<input type="checkbox"/> Hospitality Committee	<input type="checkbox"/> Decoration Committee
	<input type="checkbox"/> Deacons/Deaconess	<input type="checkbox"/> Janitorial Service	<input type="checkbox"/> Choir	Transportation: <input type="checkbox"/> Rental <input type="checkbox"/> Church Vehicles
	<input type="checkbox"/> Musician & Band- Budget Item	<input type="checkbox"/> Sound Technician-Budget Item	<input type="checkbox"/> Other _____	

<b>SECTION F</b>	<b>Preparation &amp; Cleanup of Facilities / Kitchen</b> ( <i>if this is a non-church function, i.e. weddings etc. a fee will be applied</i> )	
	<b>PLEASE NOTE: FOR MT. ZION EVENTS IF THERE IS NO CONFIRMED COMMITTEE FOR CLEAN-UP OF THE KITCHEN, THE KITCHEN WILL NOT BE AVAILABLE FOR THE EVENT BEING CONSIDERED.</b>	
	<b>Preparation Team</b>	<b>Clean-Up Team</b>
	<u>Please Do Not List Your Ministry Name</u>	<u>Please Do Not List Your Ministry Name</u>
	<u>List Individuals Names:</u>	<u>List Individuals Names:</u>
	1. _____	1. _____
2. _____	2. _____	
3. _____	3. _____	
4. _____	4. _____	
5. _____	5. _____	
6. _____	6. _____	

**ROOM ARRANGEMENT - Event Coordinators must meet with Mike Pickett one week prior to the event. ATTACH YOUR ROOM ARRANGEMENT DRAWING TO THIS FORM.**

<b>SECTION G</b>	<b>EXPENDITURES</b> ( <i>Request for Funds form must be submitted at least 2 weeks prior to the event</i> )															
	<b>Honorarium for Speaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____															
	<b>Food and Refreshments:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____															
	<b>Is rental of additional equipment needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter information below. <i>NOTE: Expenditures must be pre-approved)</i>															
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">VENDOR</th> <th style="width:40%;">PURPOSE</th> <th style="width:30%;">AMOUNT</th> </tr> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> </table>	VENDOR	PURPOSE	AMOUNT	1.			2.			3.			4.		
VENDOR	PURPOSE	AMOUNT														
1.																
2.																
3.																
4.																
	<b>Was Request for Funds form completed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please explain) Who is responsible for picking up check and giving it to the recipient? _____ Has staff called all program participants to verify their participation and clarify their role on the program Yes <input type="checkbox"/> No <input type="checkbox"/> Staff Sign _____															
<b>SECTION H</b>	<b>Post Event Meeting Date:</b> _____ <b>Time:</b> _____  <b>Who will write Post Event Report "Lessons Learned"</b> _____															
<b>SECTION I</b>	<b>APPROVAL SIGNATURES</b>															
	Signature of Chairperson _____ Date _____															
	Signature of Department Head _____ Date _____															
	Signature of Events Coordinator _____ Date _____															
	Signature of Facilities Manager _____ Date _____															

**FOR OFFICE USE ONLY**

Department <i>(please sign name or initial next to department)</i>	Contacted		Date Contacted	Name of Person Assigned
	Yes	No		
Department Head				
Financial Officer				
Church Calendar /Room Assignment Log				
Executive Office Manager				
Pastor's Calendar				
Facilities Maintenance				
Deacons/Deaconess				
Minister of Music				
President of Ushers				
Audio Visual				
Other ( <i>Ministry Name</i> )				
Has MC received a copy of the program in advance? Who is responsible for getting program to MC _____				
Will the office staff and committee meet?				
Meeting Date? _____				