



Ministry Event Application

Event Name: _____

Date: _____ Starting Time: _____ Ending Time: _____

Repeats Every (*circle*): Sun Mon Tue Wed Thur Fri Sat On every ____ week of the month

Multiple dates and times: _____

Event Description: _____

Speaker: _____

Event Leadership

Primary Contact: _____ Ministry: _____

Phone: _____ Email: _____

Resources

(Check all that apply)

Event Location

Off-Campus Event Location: _____

- On-Campus Event Church Conference Room School Gym
- Church Sanctuary School Chapel School Kitchen

Unlock/lock Building Contact: _____

Room Requirements

- Heating *Minimum 2 days notice Folding Chairs _____
(Quantity)
- Air Conditioning

Tables

- Round _____
(Quantity)
- Rectangular _____
(Quantity)

Audio / Visual Equipment

- Microphones _____
(Quantity)
- Projector / Screen
- DVD Player
- Church Laptop
- Church Powerpoint Remote

Event Marketing

- Bulletin announcement
- Bulletin Flyer .pdf & print
(your responsibility)
- Facebook Event

*Your event description text will be used to promote the event, unless otherwise instructed.

Food & Supplies

- Potluck
- Provided by Primary Contact
- Other: _____

To be completed by Office Staff Only:

Received: ___ / ___ / ___ By: _____

Approved: ___ / ___ / ___ Not Approved