

# 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
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 checked="" type="checkbox"/> Signup sheet <input checked="" type="checkbox"/> Posters Amt: _____ <input checked="" type="checkbox"/> Tickets Amt: _____ <input checked="" 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 checked="" type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Churches <input checked="" 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"/> Library <input type="checkbox"/> Infant Nursery <input type="checkbox"/> Kitchenette <input type="checkbox"/> Off campus <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Children's Room <input type="checkbox"/> Toddler Nursery <input type="checkbox"/> Foyer <input type="checkbox"/> Other: <input type="checkbox"/> Kitchen <input type="checkbox"/> Youth Room <input type="checkbox"/> Pre-School Nursery <input type="checkbox"/> Outdoor / Lawn			
Tables requested: <input type="checkbox"/> 6-foot Amt: _____ <input type="checkbox"/> Padded chairs: <input type="checkbox"/> Round Amt: _____ # per table _____		Miscellaneous requested: <input type="checkbox"/> Podium <input type="checkbox"/> Tablecloths <input type="checkbox"/> Dividers <input type="checkbox"/> Risers <input type="checkbox"/> Metal folding chairs <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 

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

Equipment requested:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> China        | <input checked="" type="checkbox"/> Stove           | <input checked="" type="checkbox"/> Dishwasher         |
| <input checked="" type="checkbox"/> Silverware   | <input checked="" type="checkbox"/> Oven            | <input checked="" type="checkbox"/> BBQ                |
| <input checked="" type="checkbox"/> Coffee maker | <input checked="" type="checkbox"/> Convection oven | <input checked="" type="checkbox"/> Popcorn machine    |
| <input checked="" type="checkbox"/> Refrigerator | <input checked="" type="checkbox"/> Warmer          | <input checked="" type="checkbox"/> Cotton Candy maker |
| <input checked="" type="checkbox"/> Freezer      | <input checked="" type="checkbox"/> Roasters        |  |

Help requested (must be approved by Martha Ministry chair):

- |   |          |
|---|----------|
| <input checked="" type="checkbox"/> Meal prep | #: _____ |
| <input checked="" type="checkbox"/> Clean up  | #: _____ |
| <input checked="" type="checkbox"/> Servers   | #: _____ |

## Technical/Music

Copy given to Team chair 

<b>Sanctuary:</b> <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	<b>Other equipment:</b> <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"/> Lighting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Microphone(s) #: _____ |                                   |                                 |

Other requests:

- |   |  |
|---|--|
| <input type="checkbox"/> Photograph event | <input type="checkbox"/> Audiotape event |
| <input type="checkbox"/> Videotape event  |  |

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. *Joe Smith is doing sound, PowerPoint needs audio*):

## 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 | #: _____ |
|------------------------------------|----------|------------------------------------|----------|------------------------------------|----------|-----------------------------------|----------|

## 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.                        |

**Please turn in an accounting of expenses and profits of your event for church records.****Any special needs or requests not covered:**

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