

New Beginnings UMC

EVENT PLANNING FORM

The purpose of this form is to help us as a church to be more organized, so that we can better support you in your ministries. As such, don't let this form intimidate or discourage you. If you are not sure of any of the items, or if you need help with filling this out, please call the church office at 770-421-9980.

Event Name: _____

Event Date: _____ Location/Room: _____ Time: _____

Description: _____

Contact Person: _____ Phone: _____

Trustees' Matters:

Who will be in charge of setting up? _____
(Names & Phone number)

Who will in charge of cleaning up? _____
(Names & Phone numbers)

Who will lock/unlock doors? _____ Who will set climate controls? _____

Support Services:

Child Care Support: _____ not needed; _____ Yes and I will contact April Ellis at 678-571-7818;
_____ Yes and I will make / have made the following arrangements: _____

Audio-Visual Support: _____ PowerPoint _____ Sound System

Publicity:	Date(s) Needed	Date(s) Needed
_____ Printing of Flyers (attach draft)	_____	_____ Bulletin Insertion (attach text)
_____ Powerpoint "ads" at Worship	_____	_____ Table in lobby
_____ Electronic Sign:	_____	_____ Others (please attach details)

Finance:

How will this event be funded? _____ from Participants. How much will each participant be charged? _____
State total amount charged by third parties. _____ (fees, books)
_____ from Donations, fund raisers, sponsorships. Please provide details.
_____ request from budget / finance. Provide itemized list of estimated expenses*

For Office Use:

Facilities available? _____ Yes and reserved; _____ Not required. Event is held off-site.

Approval: Sr. Pastor _____ Steering Team _____

*Finance Chair (if funding is requested from Budget / Finance): _____

Overseeing CMA Leader: _____