

Type of Event: Ministry/Church Individual

Type of Request: New Amend Cancel

Event Description: _____ Date(s): _____

Name of Event Sponsor: _____ Ministry (If Applicable): _____

Best Contact Phone Number: _____ Email: _____

Complete Applicable Information:

Event Location: Church Other: _____

Rooms Needed: _____ Audio/Video Needed: _____

When do you need access to the building? _____ Event Start/Depart Time: _____ Event End/Return Time: _____

Church Vehicles Needed (Specify) _____ Name of Driver(s): _____

Activity Fee Amount: _____ Registration Form Required: Yes No Registration Deadline: _____

Complete if publicizing event is needed:

Sunday Bulletin Dates: _____ Monthly Newsletter (Indicate Month) _____

Sign-up Form Web site Other: _____

Remarks/Additional Information

Signatures

Submitted by: _____ Date: _____

Ministry Coordinator/Pastor: _____ Date: _____

FOR OFFICE USE ONLY

Senior Pastor Approval: _____ Date: _____ Date Submitted: _____

Master Calendar _____ Financial Secretary _____ Event Sponsor _____ Church Life Pastor _____

Deposit Required (Amount Submitted: \$ _____) Additional Instructions: _____

INSTRUCTIONS: The purpose of this part of the Event Request Form is to inform the Financial Administrator of the details concerning any financial matter related to your event. Please complete all appropriate parts of this worksheet. It is understandable that circumstances will change during planning and implementing your event. Please keep the church office informed of any changes.

Check Request

Pay to the Order of: _____ Check need by (date): _____
 Type of Request: Deposit Registration Fee Other: _____ Amount: \$ _____

Pay to the Order of: _____ Check need by (date): _____
 Type of Request: Deposit Registration Fee Other: _____ Amount: \$ _____

Pay to the Order of: _____ Check need by (date): _____
 Type of Request: Deposit Registration Fee Other: _____ Amount: \$ _____

Pay to the Order of: _____ Check need by (date): _____
 Type of Request: Deposit Registration Fee Other: _____ Amount: \$ _____

Estimate Budget Worksheet (Please describe event budget breakdown, include registration fees, food, lodging, rentals, transportation, etc...)

Miscellaneous Information

Yes No Is there is a registration fee or other fees collected from individual participants? Deadline: _____

Yes No Will you need to rent transportation for your event?

Yes No If a participant is unable to attend an event, will they be able to receive a refund?

Yes No Will you need to reserve lodging/hotel accommodations?

Yes No Will the registration fee or other fees be charged to a budgeted account (rather than receiving monies from individuals)? (in some circumstances, there is a combination of fee paying individuals and scholarship individuals. If this is the case, please check here:)

Yes No Will you or others request reimbursement of funds following an event?

Yes No Will you need a State Tax ID/Exempt Form?

This worksheet will assist the Financial Administrator in arranging procedures to properly account for receiving and dispersing monies for your event. If you should have any questions or concerns, please notify the Financial Administrator. **IMPORTANT!!! PLEASE PLAN AHEAD AND IN DETAIL TO INSURE PROPER SUPPORT FROM THE OFFICE FOR YOU AND YOUR EVENT!!!**