

Zion Prospect Baptist Church

Event Planning Form

OFFICE USE ONLY

Rec'd by:

In an effort to provide communication regarding your upcoming event, please complete all necessary spaces and return to the church office 60 days prior to the event.

Ministry in Charge:

Today's Date:

Contact Person:

Home Phone:

Email Address:

Cell Phone:

Title of Event

Date of Event

Type of Event

Time of Event

Theme

of People Expected

Administration

Announcement Slide

Flyers - Amt: _____

Invitations: _____

Letter (draft attached or emailed to church)

Signup Sheet

Other: _____

Other instructions:

Facility

Person opening building day of event:

Time building to open:

Time building to close:

Area requested:

Sanctuary

Classrooms

Parking lot

Shekinah Glory

Choir loft

Outdoor / Lawn

Café

Pulpit (special permission)

Narthex

Tables requested:

Miscellaneous requested

Round Amt: _____

Podium

Other: _____

Chairs per Table: _____

Tablecloths

Special Instructions:

Media/Music MinistryCopy given to Media Ministry

Sanctuary: <input type="checkbox"/> Sound <input type="checkbox"/> Projector <input type="checkbox"/> Microphones <input type="checkbox"/> Presentation/Video	Shekinah Glory <input type="checkbox"/> Sound <input type="checkbox"/> Projector <input type="checkbox"/> Microphones <input type="checkbox"/> Presentation/Video	Other Equipment <input type="checkbox"/> Portable projector <input type="checkbox"/> TV/DVD <input type="checkbox"/> Laptop <input type="checkbox"/> Other: _____
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Social Media:

<input type="checkbox"/> Web Page	<input type="checkbox"/> Periscope	<input type="checkbox"/> Twitter
<input type="checkbox"/> Facebook	<input type="checkbox"/> You Tube	<input type="checkbox"/> Other _____

Special Instructions:

Food Service MinistryCopy given to Food Service Ministry

<input type="checkbox"/> Repast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Dinner
<input type="checkbox"/> Continental Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Light Refreshments/Snack

Suggested Menu:

MinistryCopy given to Appropriate Ministry

<input type="checkbox"/> Ushers	<input type="checkbox"/> Parking Lot Attendants	<input type="checkbox"/> Musicians
<input type="checkbox"/> Choir - Name: _____	<input type="checkbox"/> Praise Team	<input type="checkbox"/> Praise Dancers
<input type="checkbox"/> Van		

Special Instructions:

Any Special Needs or Requests Not Covered:

Event Budget

Estimated Expenses

Contract (Trustee Sign): _____ Copies: _____ Decorations: _____

Food: _____ Office Supplies: _____ Other Items: _____

Total Proposed Event Budget: _____

Signatures Required

Ministry Leader:

Church Administrator Signature:

Chair Deacon:

Chair Trustee:

Pastor:

