

# EVENT PLANNING FORM

*Mt. Zion Baptist Church*

|  |  |
|--|--|
| <b>EVENT Name:</b> _____<br><b>DAY of Event</b> _____<br><b>DATE of Event</b> _____<br><b>TIME of Event:</b> _____ A.M. _____ P.M. | <b>Date Request Submitted:</b> _____<br><b>How often will event take place:</b> Once <input type="checkbox"/> Weekly <input type="checkbox"/><br>Monthly <input type="checkbox"/> Annually <input type="checkbox"/><br><b>Attendance:</b> <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100<br><input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> Other (give number): _____ |
|--|--|

**Purpose:** \_\_\_\_\_

**COMMITTEE MEMBERS** *(please list)*

|                          |                |
|--------------------------|----------------|
| Chairperson:<br>2.<br>3. | 4.<br>5.<br>6. |
|--------------------------|----------------|

**Program Outline:** Please submit a copy of the program to Administration prior to having them printed.  
 Administration has verified program with Committee Yes  No  Staff Sign Off \_\_\_\_\_

**Name of Speaker(s)** *(Speaker must be approved by Elders):* \_\_\_\_\_

**PUBLICITY**

|  |  |
|--|--|
| <b>Is press release needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Are you having flyers printed up?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Will an elected Official be invited?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>Administration needs at least 2 weeks notice to print your event programs, have they been contacted?</i> | <b>Will Administration be printing your program?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Has flyer been approved by Administration?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Who will meet &amp; greet official upon arrival?</b> _____<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

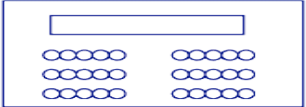
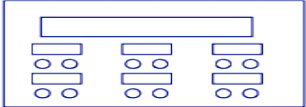
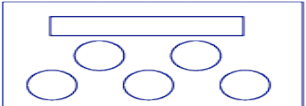

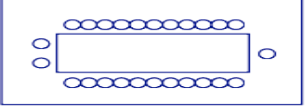
|  |  |
|--|--|
| <b>FACILITY NEEDS</b> <i>(please check all that apply)</i> | <b>EQUIPMENT NEEDED</b> <i>(please check all that apply)</i> |
|--|--|

|  |   |
|--|---|
| <input type="checkbox"/> Cafe <input type="checkbox"/> Youth Building<br><input type="checkbox"/> Kitchen <input type="checkbox"/> Young Adult Building<br><input type="checkbox"/> Sanctuary <input type="checkbox"/> Other (please list)<br><input type="checkbox"/> Parking Lot <input type="checkbox"/> Education Building (include Room No(s)). | <input type="checkbox"/> Sound System <input type="checkbox"/> Chalkboard<br><input type="checkbox"/> Overhead Projector <input type="checkbox"/> Chairs<br><input type="checkbox"/> Tables <input type="checkbox"/> Slide Projector<br><input type="checkbox"/> Easel <input type="checkbox"/> Pots / pans (in kitchen)<br><input type="checkbox"/> Piano <input type="checkbox"/> LCD Projector |
| <b>Facility Open Date/Time:</b> _____ <b>Close Date/Time:</b> _____  |   |

**MINISTRY NEEDS** *(please check all ministries that apply)*

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Deacons / Deaconess<br><input type="checkbox"/> Musician / Choir<br><input type="checkbox"/> Ushers<br><input type="checkbox"/> Minister | <input type="checkbox"/> Sound Technician<br><input type="checkbox"/> Janitorial Service<br><input type="checkbox"/> Room arrangement crew<br><input type="checkbox"/> Transportation | <input type="checkbox"/> Hospitality Committee<br><input type="checkbox"/> Decoration Committee<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Other _____ |
|---|---|---|

**ROOM ARRANGEMENT** *(Circle below or sketch the way room is to be arranged.)*

|   |  |
|---|--|
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>Theater Style</b></p> </div> <div style="text-align: center;">  <p><b>Classroom Style</b></p> </div> </div> <div style="text-align: center; margin: 20px 0;">  <p><b>Round Tables</b></p> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>"U" Shaped Table</b></p> </div> <div style="text-align: center;">  <p><b>Conference Style</b></p> </div> </div> | <p><b>REMARKS:</b></p><br><br><br><br><br><br><br><br><br><br> |
|---|--|

**Preparation & Cleanup of Facilities / Kitchen** (if this is a non-church function, i.e. weddings etc. a fee will be applied)

**PLEASE NOTE: FOR MT. ZION EVENTS IF THERE IS NO CONFIRMED COMMITTEE FOR CLEAN-UP OF THE KITCHEN, THE KITCHEN WILL NOT BE AVAILABLE FOR THE EVENT BEING CONSIDERED.**

**Preparation Team**

**Clean-Up Team**

**EXPENDITURES** (Request for Funds form must be submitted at least 2 weeks prior to the event)

**Honorarium for Speaker:** Yes  No  Amount \$ \_\_\_\_\_

**Food and Refreshments:** Yes  No  Amount \$ \_\_\_\_\_

**Is rental of additional equipment needed?** Yes  No  If yes, enter information below.

**NOTE:** Expenditures must be pre-approved)

| VENDOR | PURPOSE | AMOUNT |
|--------|---------|--------|
| 1.     |         |        |
| 2.     |         |        |
| 3.     |         |        |
| 4.     |         |        |

**Was Request for Funds form completed:** Yes  No  (if no, please explain)

Who is responsible for picking up check and giving it to the recipient? \_\_\_\_\_

Has staff called all program participants to verify their participation and clarify their role on the program Yes  No  Staff Sign Off \_\_\_\_\_

Signature of Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Events Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Facilities Manager \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

| Department<br>(please sign name or initial next to department)  | Contacted |    | Date Contacted | Name of Person Assigned |
|---|-----------|----|----------------|-------------------------|
|   | Yes       | No |                |                         |
| Department Head   |           |    |                |                         |
| Financial Officer   |           |    |                |                         |
| Church Calendar /Room Assignment Log  |           |    |                |                         |
| Executive Office Manager  |           |    |                |                         |
| Pastor's Calendar   |           |    |                |                         |
| Facilities Maintenance  |           |    |                |                         |
| Deacons/Deaconess   |           |    |                |                         |
| Minister of Music   |           |    |                |                         |
| President of Ushers   |           |    |                |                         |
| Audio Visual  |           |    |                |                         |
| Other (Ministry Name)   |           |    |                |                         |
| Has MC received a copy of the program in advance?<br>Who is responsible for getting program to MC _____ |           |    |                |                         |
| Will the office staff and committee meet?<br>Meeting Date? _____  |           |    |                |                         |
| Who will write Post Event Report "Lessons Learned"<br>_____   |           |    |                |                         |