

# EVENT PLANNING FORM

Mt. Zion Baptist Church

<b>Event Name:</b>	<b>Date:</b>	<b>Start Time:</b>	<b>End Time:</b>
<b>Purpose:</b>			
<b>Theme:</b>	<b>How often will event take place:</b> Once <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	<b>Attendance:</b> <input type="checkbox"/> 0-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-150 <input type="checkbox"/> 150-200 <input type="checkbox"/> Other (give number):	

**COMMITTEE MEMBERS** (please list)

Chairperson:	5.
2.	6.
3.	7.
4.	8.

**Program Outline:** Please submit a copy of the program to Administration prior to having them printed.

**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"/>	<b>Will Administration be printing your program?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you having flyers printed up?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Has flyer been approved by Administration?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Administration needs at least 2 weeks notice to print your event programs, have they been contacted?</i>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

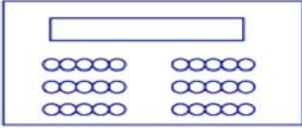
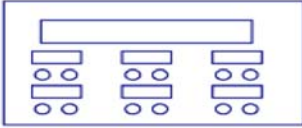
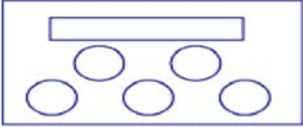

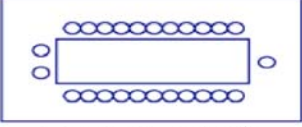
<b>FACILITY NEEDS</b> (please check all that apply)	<b>EQUIPMENT NEEDED</b> (please check all that apply)
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<input type="checkbox"/> Cafe <input type="checkbox"/> Kitchen <input type="checkbox"/> Sanctuary <input type="checkbox"/> Parking Lot <input type="checkbox"/> Education Building (include Room No(s)).	<input type="checkbox"/> Youth Building <input type="checkbox"/> Young Adult Building <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Sound System <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Tables <input type="checkbox"/> Easel <input type="checkbox"/> Piano	<input type="checkbox"/> Chalkboard <input type="checkbox"/> Chairs <input type="checkbox"/> Slide Projector <input type="checkbox"/> Pots / pans (in kitchen) <input type="checkbox"/> LCD Projector
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**MINISTRY NEEDS** (please check all ministries that apply)

<input type="checkbox"/> Deacons / Deaconess	<input type="checkbox"/> Sound Technician	<input type="checkbox"/> Hospitality Committee
<input type="checkbox"/> Musician / Choir	<input type="checkbox"/> Janitorial Service	<input type="checkbox"/> Decoration Committee
<input type="checkbox"/> Ushers	<input type="checkbox"/> Room arrangement crew	<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>	
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**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.**

<b>Preparation Team</b>	<b>Clean-Up Team</b>	
<b>EXPENDITURES</b> <i>(Request for Funds form must be submitted at least 2 weeks prior to the event)</i>		
<b>Honorarium for Speaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____		
<b>Food and Refreshments:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____		
<b>Is rental of additional equipment needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter information below. <i>NOTE: Expenditures must be pre-approved)</i>		
<b>VENDOR</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
1.		
2.		
3.		
4.		
<b>Was Request for Funds form completed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please explain)		

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

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

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

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

**FOR OFFICE USE ONLY**

<b>Department</b> <i>(please sign name or initial next to department)</i>	<b>Contacted</b>		<b>Date Contacted</b>	<b>Name of Person Assigned</b>
	<b>Yes</b>	<b>No</b>		
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 <i>(Ministry Name)</i>				