

EVENT PLANNING SHEET

* PLEASE COMPLETE AT LEAST 3 MONTHS IN ADVANCE *

NAME OF EVENT		TIME OF EVENT:		DATE OF EVENT:		
DEPARTMENT RESPONSIBLE FOR EVENT:			PERSON RESPONSIBLE:			
FACILITIES NEEDED: # OF ANTICIPATED		ATED AT	TENDEES SET-UP REQUIRED "(ATTACH DIAGRAM)			
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WHO IS RESPONSIBLE FOR SET UP/CLEAN-UP?			WILL OPEN/	LOCK-UP CH	IURCH?	
WHAT STAFF NEEDS ARE REQUIRED?						
[] NURSERY: # OF KIDS # OF WORKERS:						
[] SOUND/LIGHTING						
[] SECURITY: NUMBER NEEDED						
[] CREATIVE DESIGN						
[] OTHER (SPECIFY):						
WHAT TYPE OF ADVERTISING/PROMOTION DO YOU PLANNED TO USE?						
[] Church News	[] PRINTING					
[] EMAIL	[] MAIL OUT					
[] SOCIAL MEDIA	[] OTHER:					
** REMEMBER THAT ALL PRINTED MATERIALS/EMAILS <u>MUST</u> CONTAIN THE CHURCH LOGO & INFORMATION**						
PROPOSED EXPENDITURE FOR EVENT			PREVIOUS BUDGET (IF APPLICABLE)			
HOW DO YOU PLAN TO GENERATE FUNDS?						
WILL THERE BE CATERING? YES [] NO []			WHO WILL HANDLE CATERING/FOOD?			
OTHER CONSIDERATIONS:						
ADDITIONAL NOTES: (EVENT MANAGER)						
ADDITIONAL NOTES. (EVENT IVIANAGER)						