



Event Planning

Event Name: _____ Event Date: ___/___/___

Time of Event: _____

Event Category: (check one)

- Church Event
- Church Conference
- Departmental Event
- Offsite Location
- Fund Raising Event
- Other: _____

Anticipated Attendance: _____

- Registration Fee: \$ _____ (early rate/reg rate/late rate)
- Free Event

Departments required to run event. (check all that apply)

- Coffee Bar
- Guest Speaker Host
- Sound
- Worship Team
- SGA
- Housekeeping
- Parking Lot
- Guest Center
- Media & Lights
- Usher
- Prayer Team
- Source Center
- Hospitality
- GC Kids/Childcare
- Greeter
- Facilities (set up)

Other: _____

Event Advertising: (check all that apply) Start date: _____

- Video
- Slide
- Church News
- Text Keyword: _____
- Registration Form
- Online Registration
- Banner
- Post Cards
- Mailer: _____

Are special staff meetings required? Yes No Date of first meeting _____

Attendee list: Be sure to include leaders of all departments required.

Approx. number of people needed to run event: _____

Event Budget: \$ _____ (complete detailed budget request form)

Check all that apply or are needed.

- Guest Speaker
- Decorations
- Transportation
- Equipment Rental
- Hotel/Housing
- Other _____

Any special needs? _____

Notes: _____

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MEDIA REQUEST FORM

(When completed please turn into Leihua Knott)

Event Name/Description: _____

Event Date: ___ / ___ / ___ Time of Event: _____

Event Coordinator: _____

Email: _____ Phone Number: _____

Event Category: (Check One)

- Church Event
- Departmental Event
- Fund Raising Event
- Meeting
- Church Conference
- Offsite Location
- Other: _____

Requested Advertisement Dates: _____

Requested Event Advertising: (Check all that Apply)

(*Requests need to made according to parenthesized time frames*)

- Video (12 Weeks Prior)
- Slide (8 Weeks Prior)
- Church News (8 Weeks Prior)
- Email (Adjustable)
- Social Media (Adjustable)
- Text Keyword (8 Weeks Prior)
- Registration Form (10 Weeks Prior)
- Online Registration (10 Weeks Prior)
- Website Advertisement (5 Weeks Prior)
- Banner (6 Weeks Prior)
- Mailer (3 Months Prior)
- Poster (10 Weeks Prior)
- Décor (Adjustable)
- Shirt (12 Weeks Prior)
- Flyer (10 Weeks Prior)
- Sign Up Sheet (4 Weeks Prior)

Are special staff meetings required? Yes No Date of first meeting: _____

(*If meeting requires the use of a room, please fill out our facility request form located in office mailboxes*)

Attendee list: Be sure to include leaders of all departments required.

Special Needs/Notes:

Revised & Approved By: _____ Date: ___ / ___ / ___

Communicated with Event Coordinator: Phone/Date _____ Email/Date _____

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Today's Date

FACILITIES REQUEST FORM FOR CHURCH

Complete form and email/return to Leihua@generationschurch.tv

Contact person:* _____

Contact address: _____

Contact telephone: Home _____ Mobile _____

Contact email: _____

Campus _____

Which room or what type of room would you like to use? _____

Small Group Date: _____

Brief description: _____

Group Time: (The time you need access to the facility including set up and break down.)

Start time: _____ AM PM

End time: _____ AM PM

*The contact person is that person who the GC staff will work with for the event.

CARE, CLEAN-UP AND LOCK-UP:

Janitorial services are provided for established service programs of the church. However, it is the responsibility of the groups leader and co-leader to return the facility to its original state and put away all tables and chairs, and pick up all litter and dispose all trash in the dumpster located out side in the back parking lot area.

The contact person listed on the application shall be deemed responsible for returning the facilities back to their original state and responsible for turning off all lights, checking/ locking all doors. Failure to do so will determine your ability to use the facilities in the future.