

# ministry Event Notification form

Ministry \_\_\_\_\_ Type of Event \_\_\_\_\_  
(Meeting, workshop, etc.)

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Projected Event Cost \$ \_\_\_\_\_

Ministry Leader Name \_\_\_\_\_ Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Contact # \_\_\_\_\_ Date \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* Submit with Check Request Form \*\*\*\*\*

**Onsite** **Estimated Attendance** \_\_\_\_\_

- Executive Hall     Gymnasium  
 Freedom Café     Sanctuary     Other - Specify \_\_\_\_\_

**Offsite**

- Specify: \_\_\_\_\_

### Visiting Minister /speaker

**Title:** Mr. Mrs. Ms. Rev. Dr. In State    Out of State

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Other needs: \_\_\_\_\_

### Special Setup Requirements

**Podium**    Yes    No

**Room Setup**

Number of Chairs \_\_\_\_\_

Number of Tables \_\_\_\_\_ Table Cloths Yes No

**Will food be served?** Yes    No

### Supporting Ministry Requested

Obtain Ministry Leader's approval/Signature

\_\_\_\_\_  
 Name of Ministry Ministry Leader's Signature

\_\_\_\_\_  
 Name of Ministry Ministry Leader's Signature

### FOR OFFICE USE ONLY - APPROVAL PROCESS

	<u>Received</u>	<u>Forwarded</u>
▶ Ministry - Submit completed event form	Date _____	Date _____
▶ Administrative Director - Review for completion & forward	Date _____	Date _____
▶ Freedom Director - Review for date <input type="checkbox"/> Approved <input type="checkbox"/> Dissapproved	Date _____	Date _____
▶ Administrative Director notified Ministry Leader of approved or dissapproved	Date _____	

Comments: \_\_\_\_\_