



## Ministry Planning/Calendar Request Form

EVENT INFORMATION	
EVENT NAME	
DATE	
TIME:	
<input type="checkbox"/> ONE-TIME EVENT	This is a recurring event      Beginning _____ <input type="checkbox"/> Daily      Ending _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> APPROVED FOR CALENDAR	<input type="checkbox"/> Public (VBC Ministry) <input type="checkbox"/> Leadership (Meeting, Community Organization, Wedding, Funeral)
EXPECTED NO. OF PEOPLE TO ATTEND	
EVENT/PROJECT LEADER	
NAME	
MINISTRY COUNCIL MEMBER	
NAME	
EVENT/PROJECT BUDGET	
TOTAL BUDGET FOR EVENT / PROJECT	
BUDGET LINE ITEM	
<i>Reminder: When possible, use designated fund first.</i>	
<input type="checkbox"/> Approved by _____ (MC)	

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LOCATIONS/ROOMS	
ROOM SET UP PLAN	<input type="checkbox"/> Tables _____ (number and size) <input type="checkbox"/> Chairs _____ (number)
SPECIAL RESOURCES	<input type="checkbox"/> Sound System <input type="checkbox"/> TV/Projection <input type="checkbox"/> Other _____
WILL SOUND BOOTH TECHNICIAN BE NEEDED?	<input type="checkbox"/> Yes <input type="checkbox"/> Sound System <input type="checkbox"/> Projection <input type="checkbox"/> No
DOES THIS EVENT REQUIRE FOOD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, WHO WILL COORDINATE FOOD?	NAME
WHO WILL BE RESPONSIBLE FOR OPENING/CLOSING THE BUILDING? <input type="checkbox"/> LOCKBOX WILL BE NEEDED FOR ENTRY	NAME
WHO WILL BE RESPONSIBLE FOR CLEANING UP AFTER THE EVENT?	NAME