

Ministry Event Packet





Ministry Event Form

Thank you for your request. It is the goal of the Operations Department to assist you in making your event a success. Please complete this form and the enclosed related forms, as it correlates to your event needs, in its entirety, and return it to the receptionist as quickly as possible.

Requestor's Name: _____ Contact #/E-mail: _____

Name of Event: _____ Date/Time of Event: _____

Ministry Head and Contact Information: _____

Supervising Pastor's Approval: (Please initial) _____ (Event must be approved before submission of enclosed forms.)

<p align="center"><u>Building</u></p> <p>Requested Space: (Check all that apply) Sanctuary ___ Fellowship Hall ___ Kitchen ___ Classroom ___ Eagles Nest ___ Special Set-up: Yes ___ No ___ (Please submit requirements. See Attached) Number of Attendees: _____ External Caterer: Yes ___ No ___ If yes, time of entry _____ If setting up tables, please draw a diagram on the enclosed sheet titled "Room Set-up."</p>	<p align="center"><u>Business Office</u></p> <p>Event Projection Report: Date Submitted: _____ Ministry Order Form: (Blue Form) Date Submitted: _____ Teller's Voucher: Yes ___ No ___ Date Submitted: _____ Business Expense Voucher: Receipts Attached: Yes ___ No ___ Date Submitted: _____ Will you need a cash box? Yes ___ No ___ Please submit the enclosed form(s).</p>
<p align="center"><u>Technology Request</u></p> <p>Event Date: _____ Audio/Visual: (Check all that apply) Sanctuary _____ Fellowship Hall _____ Classroom _____ Other _____ Please submit the enclosed form.</p>	<p align="center"><u>Publications</u></p> <p>Event: _____ Date of Event: _____ Type of Publication: _____ Special Request: _____ _____ Please submit the enclosed form.</p>
<p align="center"><u>Van</u></p> <p>Date Request Received: _____ Van Request Form Submitted: Yes ___ No ___ Approved Request Received: Yes ___ No ___ Driver(s) Approved: Yes ___ No ___ Day Event: _____ Overnight Event: _____ Pick-up: _____ Drop-off: _____ Brown Van: ___ White Van: ___ Gas Card Needed: Yes ___ No ___ Please submit the enclosed form.</p>	<p align="center"><u>Pastoral Care</u></p> <p>Hostesses/Ushers: Yes ___ No ___</p> <p align="center"><u>Parking/Security</u></p> <p>Internal ___ External ___ Special Police: _____ Special Request: _____ _____ _____</p>
<p align="center"><u>Music and Fine Arts</u></p> <p>Praise and Worship Yes ___ No ___ Other: _____ _____ *Promo Yes ___ No ___ 8:00 a.m. _____ 10:30 a.m. _____ *Contact Pastor Jesse Williams or the church office no later than 12:00 p.m. Wednesday prior to your request.</p>	<p align="center"><u>Canvassing/Evangelism</u></p> <p>Will you need the youth? Yes ___ No ___</p> <p>Date: _____ Time: _____ Where: _____</p>

For Business Office Use Only:

Ministry Head Name and Contact: _____

Received By: _____ Event Scheduled: _____

Date Received: _____ Forms returned for completion/approval: _____

Event Projection Report

Event: _____ Supervising Pastor: _____

Report Date: _____

<u>Component</u>	<u>Item</u>	<u>Amount</u>	<u>Expected Payment Date</u>
Projected Income	Offerings		
	Travel Expense Income (Airfare, hotel, etc.)		
	Other		
SUB TOTAL			
Projected Expenses	Tech/Audio		
	Food		
	Activities		
	Equipment Rental (Tables, chairs, etc.)		
	Special Guest Honorarium		
	Transportation		
	Airfare		
	Hotel Rooms		
	Publication & Printing		
	Petty Cash Requirements		
Other			
SUB TOTAL			
BALANCE			

Submitted by: _____



Ordering Instructions:

1. Dept. Leader submits completed form, along with appropriate quotes or special instructions, to their Supervising Pastor.
2. Upon their approval, the Supervising Pastor forwards order to the Business Office.
3. Upon their approval, the Business Office returns the order to the Supervising Pastor Who places the order or forwards to their Department Leader.

PLEASE ALLOW 2 WEEKS FOR PROCESSING PRIOR TO PURCHASE

Ministry Order Form

Date Requested _____

Date Needed By: _____

Requestor's Name/Department _____ Phone Number _____

Order Source(s) (Company{s}) _____ Phone Number(s) _____

Budget Code	Company	Catalog Page #	Item Number	Description	Each Price	Qty	Total

Comments:
MAKE CHECK PAYABLE TO:

	Applicable taxes
	Shipping & Handling

Please Check Box if funds being requested are the result of a fundraising event.

	TOTAL
--	--------------

For office use only:

Department Leader _____ initials

Supervising Pastor _____ initials

Business Administrator _____ initials

Senior Pastor _____ initials

Payment Method:

Master Card Am. Express

Billed Check # _____

Date / /

Multiple Other _____

(Orders in excess of \$1,500 require Sr. Pastor Approval)



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Budget Code	Company	Catalog Page #	Item Number	Description	Each Price	Qty	Total
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Business Administrator _____ initials

Senior Pastor _____ initials

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Payment Method:

Master Card

Am. Express

Billed

Check # _____

Date / /

Multiple

Other _____

BUSINESS EXPENSE VOUCHER

Please allow 2 weeks for processing

<u>TODAY'S DATE:</u>	<u>CHECK DATE:</u>
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PAYABLE TO:

AMOUNT:

FOR:

ACCOUNT #:

INVOICE #:

JOB #:

<u>CODE:</u>	<u>APPROVED BY:</u>
--------------	---------------------

COMMENTS:

<u>PAID:</u>	<u>CHECK #:</u>
--------------	-----------------

BUSINESS EXPENSE VOUCHER

Please allow 2 weeks for processing

<u>TODAY'S DATE:</u>	<u>CHECK DATE:</u>
----------------------	--------------------

PAYABLE TO:

AMOUNT:

FOR:

ACCOUNT #:

INVOICE #:

JOB #:

<u>CODE:</u>	<u>APPROVED BY:</u>
--------------	---------------------

COMMENTS:

<u>PAID:</u>	<u>CHECK #:</u>
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FOR:

ACCOUNT #:

INVOICE #:

JOB #:

<u>CODE:</u>	<u>APPROVED BY:</u>
--------------	---------------------

COMMENTS:

<u>PAID:</u>	<u>CHECK #:</u>
--------------	-----------------

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PAYABLE TO:

AMOUNT:

FOR:

ACCOUNT #:

INVOICE #:

JOB #:

<u>CODE:</u>	<u>APPROVED BY:</u>
--------------	---------------------

COMMENTS:

<u>PAID:</u>	<u>CHECK #:</u>
--------------	-----------------

Teller's Voucher

Date _____

PAPER MONEY

<u>Denomination</u>	<u>Quantity</u>	=	_____
100's.....X	_____	=	_____
50's.....X	_____	=	_____
20's.....X	_____	=	_____
10's.....X	_____	=	_____
5's.....X	_____	=	_____
2's.....X	_____	=	_____
1's.....X	_____	=	_____
SUBTOTAL THIS SECTION		=	<u>_____</u>

ROLLED COIN

<u>Denomination</u>	<u>Quantity</u>	=	_____
50 cent pieces	X _____	=	_____
Quarters (\$10)	X _____	=	_____
Dimes (\$ 5)	X _____	=	_____
Nickels (\$ 3)	X _____	=	_____
Pennies (50c)	X _____	=	_____
SUBTOTAL THIS SECTION		=	<u>_____</u>

LOOSE COIN

<u>Denomination</u>	<u>Quantity</u>	=	_____
1.00 Coin	X _____	=	_____
50 Cent	X _____	=	_____
25 Cents	X _____	=	_____
10 Cents	X _____	=	_____
5 Cents	X _____	=	_____
1 Cents	X _____	=	_____
SUBTOTAL THIS SECTION		=	<u>_____</u>

Combined Cash Subtotals = _____

CHECK TOTAL = _____

GRAND TOTAL = _____

Signatures: _____

PUBLICATIONS PROTOCOL

Joyette Mitchell

Publications Administrator
jsmitchell@eagcs.org

Note: All ministry-specific publications are produced no more than 3 weeks in advance, and are publicized no longer than 3 weeks.

Publications Protocol

The Publications Department observes the following protocol:

All requests for publications should be submitted to the Publications Administrator, Joyette Mitchell (jsmitchell@eagcs.org or 301-899-5940) **once the request has been approved by the supervising pastor.**

Note: for publications support on a calendar item (event requiring the use of all or part of the facility) please be sure that your event is approved by your supervising pastor, has been placed on the calendar, and verified through the appropriate means. This will be confirmed before any publication request is fulfilled.

The observed turnaround schedule for production and publication is as follow:

Turnaround time is observed from the time an official request (via email or meeting)- inclusive of all information, materials (if applicable), and needs- has been made.

Standard requests for flyers, postcards, brochures, etc. (includes items that have already been created and only need editing, production, and/or distribution) – 7 days

Special Events (requiring ongoing reproduction and distribution; requiring more than one form of publication – 14 days

Special Church Wide Events (summits, conferences, missions, etc.) – One Month

Please Note: *Once we have edited flyers/brochures, etc., the publications department will forward the document to Arthur George for the Web site and to place on electronic sign as appropriate.*

Announcements/Bulletin: Requests for events to be placed in the bulletin and announcements should still go through the submittal process to JoAnn Sullivan (jsullivan@eagcs.org) by Wednesday at 12:00 noon. Requests received after that time will go in the bulletin the following week.

[Document last updated and approved: 3/10/2010]



PUBLICATIONS REQUEST FORM

Joyette Mitchell

Publications Administrator
jsmitchell@eagcs.org

Complete the form below. Please be as detailed as possible.

Request date

Name of individual and ministry requesting publications

Contact information (phone and email)

Event date, time, and location

Type of Publication Needed (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Flyer (8.5 x 11)/ Quantity _____ | <input type="checkbox"/> Media Package or | <input type="checkbox"/> Publication Package Including: |
| <input type="checkbox"/> Poster (11 x 17)/ Quantity _____ | <input type="checkbox"/> Flyers / Quantity _____ | |
| <input type="checkbox"/> 3 x 5 cards/ Quantity _____ | <input type="checkbox"/> Posters/ Quantity _____ | |
| <input type="checkbox"/> Booklet/ Quantity _____ | <input type="checkbox"/> Cards/ Quantity _____ | |
| <input type="checkbox"/> Brochure/ Quantity _____ | <input type="checkbox"/> PowerPoint or loop | |
| <input type="checkbox"/> PowerPoint Presentation | <input type="checkbox"/> Other _____ | |

Please provide a brief description of your need/event below:



EVANGEL ASSEMBLY OF GOD TECHNOLOGY MINISTRY SERVICE REQUEST FORM

Accurate completion of this form will assist us in providing appropriate and efficient technology service

REQUESTOR (Ministry or Individual): _____

REQUEST DATE: _____

EVENT TYPE: _____

EVENT DATE: _____

EVENT TIME: _____

CONTACT NAME (If different from Requestor): _____

CONTACT PHONE#: _____

EMAIL ADDRESS: _____

TYPE OF TECHNOLOGY SUPPORT YOU ARE REQUESTING (Please check all that apply)

AUDIO	<input type="checkbox"/>	DESKTOP/ LAPTOP SETUP	<input type="checkbox"/>
VIDEO	<input type="checkbox"/>	NETWORK CONNECTION	<input type="checkbox"/>
PORTABLE PROJECTOR	<input type="checkbox"/>	INTERNET CONNECTION	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	AUDIO SUPPORT SANCTUARY	<input type="checkbox"/>

OTHER : (Please Describe): _____

TYPE OF MEDIA REQUIRED OR BEING USED (Please check all that apply)

CASSETTE TAPE	<input type="checkbox"/>	LAPTOP (PC)	<input type="checkbox"/>
CDs	<input type="checkbox"/>	LAPTOP (MAC)	<input type="checkbox"/>
DVDs	<input type="checkbox"/>	IPOD, MP3 PLAYER	<input type="checkbox"/>
VHS	<input type="checkbox"/>	FLASH DRIVE/ OTHER PORTABLE MEDIA	<input type="checkbox"/>

TYPE OF ACTIVITY (Please check all that apply)

SINGER/SOLO

SONG (Group)

DANCE (Individual)

DANCE (Group)

PREACHING

MEETING/LECTURE

IF YOU ARE USING A TRACK, PLEASE PROVIDE:

CD Name: _____

Track Title: _____

Track #: _____

OTHER: (Describe) _____

MICROPHONES (Please check all that apply)

TYPE	QUANTITY
Wireless Handheld <input type="checkbox"/>	_____
Wireless Headset <input type="checkbox"/>	_____

PLEASE NOTE: All media (Tapes, CDs, DVDs, VHS, PowerPoint, Pictures etc., MUST be submitted to the Tech Coordinator THREE (3) DAYS prior to scheduled event.

Please return completed form to Arthur George, Technology Director or place it Arthur's mailbox in the staff area, TWO WEEKS (14 Days) prior to the scheduled event.

ACTIVITY PROPOSAL AND ROUTING SLIP

Date: _____

Ministry: _____

Teachers Name: _____

Date of Activity: _____

Time of Activity: _____

Time leaving: _____

Return time: _____

Identify Activity (with details) _____

Van needed (please circle) Yes/No

How Many _____

**Driver: _____

**Driver: _____

**Driver: _____

PROPOSAL ROUTING SLIP

(Please follow routing order)

FOR APPROVAL

FACTOR

NFD*/

INITIALS/DATE

FOR APPROVAL	FACTOR	NFD*/	INITIALS/DATE
JoAnn Sullivan	Availability of Church Calendar/Van Reservations		
Ministry Coordinator	Approval		
Pastor Dorsey	Approval		
Doris Hutton	Business Administrator		

*Needs further discussion, contact coordinator

**Drivers information must be on file in the office, (Drivers License, DOB) etc.

May want to keep a copy for your files

COMMENTS:

The van(s) are reserved on first come first serve basis and will be determined by the date and time of form submission. Key(s) will not be given without proper approval prior to the date of the event. All last minute requests are subject to approval.

Thank you, Business Office

Submitted: _____

Date: _____

Room Set-Up

Draw a diagram using a circle for round tables and a rectangle for banquet tables. Please indicate the number of guests you are expecting. If you are scheduling the sanctuary, please consider the stage.