



Pleasant Hill MB Church

Event Planning Form

In an effort to provide communication regarding your upcoming event, please complete all necessary spaces and return to the church office.

PART 1- ANNOUNCEMENT ONLY: Complete and submit Part 1 at least two weeks prior to the event.

PARTS 1 & 2 – PROGRAM & EVENT PLANNING: Complete and submit Parts 1 & 2 at least 4-6 months prior to the event.

PART 1

Ministry in Charge:	Today's Date:
Contact Person:	Contact Phone:
Email Address:	
Title of Event	Date of Event
	Time of Event

HOW DO YOU PLAN TO PROMOTE YOUR EVENT? *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Submit Announcement (Pulpit) | <input type="checkbox"/> LED Wall | <input type="checkbox"/> Letters/Emails to Churches |
| <input type="checkbox"/> App | <input type="checkbox"/> Web Site | <input type="checkbox"/> Registration/Sign Up Sheet |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Flyers - Amt: _____ | <input type="checkbox"/> Verbal |

ANNOUNCEMENT

Write out or provide full details (what, cost, attire, etc.). If there is a flyer to post, please email to contactphmbchurch@gmail.com. Attach additional sheet if necessary.

NOTE: Signatures required on back

Ministry of Charge:	Contact Person:
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PART 2

FACILITY		Copy given to Deacons Ministry <input type="checkbox"/>
Time of Event:	Time building to open:	Time building to close:
Area(s) requested:		
<input type="checkbox"/> Main Sanctuary	<input type="checkbox"/> Classrooms	<input type="checkbox"/> Outdoor / Lawn
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Outreach Building	
<input type="checkbox"/> Small Church	<input type="checkbox"/> Parking lot	
Items(s) requested:		
<input type="checkbox"/> Tables (Amt: _____)	<input type="checkbox"/> Podium	
<input type="checkbox"/> Chairs (Amt: _____)	<input type="checkbox"/> Other: _____	
Special Instructions. Provide Table arrangement if unusual:		

MEDIA/MUSIC MINISTRY		Copy given to Media Ministry <input type="checkbox"/>
Fellowship Hall:	Small Church:	Main Sanctuary:
<input type="checkbox"/> Microphones	<input type="checkbox"/> Microphones	<input type="checkbox"/> Microphones
<input type="checkbox"/> Music Director or Musicians	<input type="checkbox"/> Music Director or Musicians	<input type="checkbox"/> Music Director or Musicians
<input type="checkbox"/> Portable Projector	<input type="checkbox"/> Portable Projector	<input type="checkbox"/> LED Wall – Presentation/Video
<input type="checkbox"/> Video Screen	<input type="checkbox"/> Video Screen	<input type="checkbox"/> Other: _____

FOOD SERVICE MINISTRY		Copy given to Food Service Ministry <input type="checkbox"/>
<input type="checkbox"/> Continental Breakfast	<input type="checkbox"/> Lunch/Brunch	<input type="checkbox"/> Light Refreshments
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Dinner	<input type="checkbox"/> Snacks
Suggested Menu:		

MINISTRIES REQUESTED		Copy given to Appropriate Ministry <input type="checkbox"/>
<input type="checkbox"/> Choir - Name: _____	<input type="checkbox"/> Music Director or Musicians	<input type="checkbox"/> Transportation
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Parking Lot Attendants	<input type="checkbox"/> Ushers
<input type="checkbox"/> Media Team	<input type="checkbox"/> Praise Dancers	<input type="checkbox"/> Cleaning*
<input type="checkbox"/> Ministers	<input type="checkbox"/> Praise Team	<i>*List specific details for cleaning below</i>
Special Instructions/Cleaning:		

Any Special Needs or Requests Not Covered:
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EVENT BUDGET

Total Proposed Event Budget: _____

Signatures Required	
Ministry Leader:	Church Administrator:
Pastor:	