

Program Planning Form (Due 4 Weeks Prior to Event – Submit Completed Form to Church Office – Do Not Separate)

Event Coordinator ▪ Ministry ▪ Submission Date	
Name	
Contact Information	Email _____ Phone: (H) _____ (C) _____
Ministry	
Current Date	
Event Information	Event Location:

Event Name: _____

Event Date(s): _____

Event Start Time: _____

Event End Time: _____

Sanctuary
 Fellowship Hall
 Chapel
 Other Please Specify _____

Anticipated number of attendees: _____

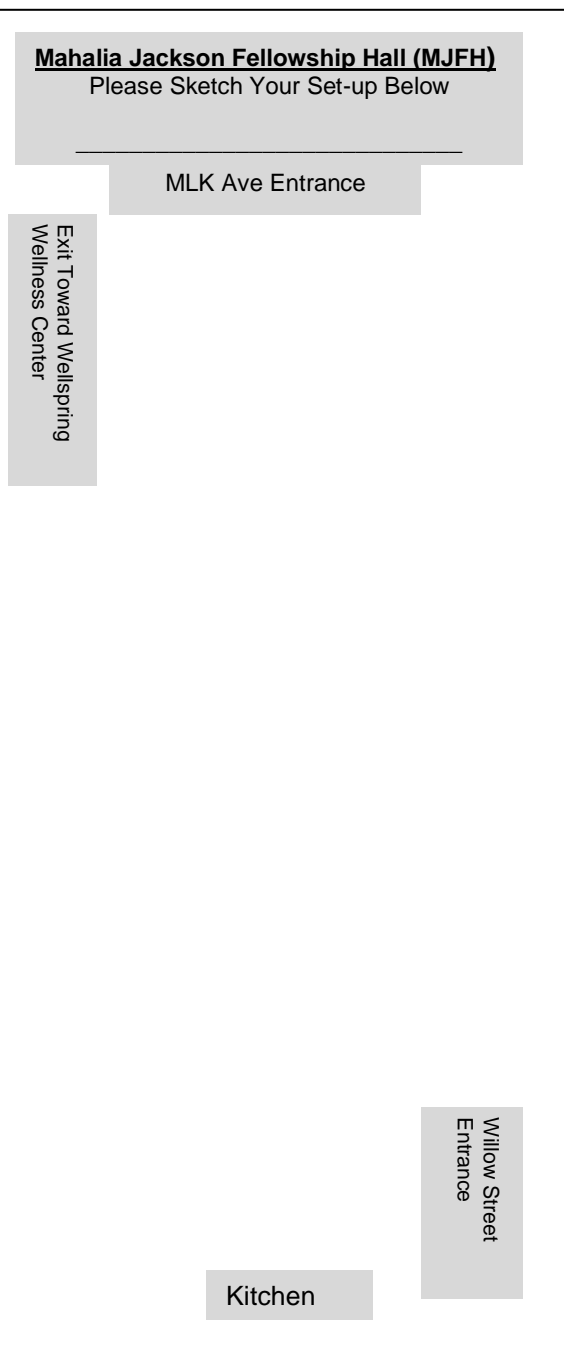
Summary of Budget Information

Media Equipment Rental*: _____

Food Services: _____

Facilities Rental*: _____

*Rental may be needed. See below.



MTM (Media & Tech)	Our Daily Bread (Food Services)	Facilities Ministry	Brief Description of Event's Purpose:
<p>Equipment Needs:</p> <input type="checkbox"/> Microphones ___ # Needed <input type="checkbox"/> Projector <input type="checkbox"/> Portable Screen <input type="checkbox"/> TV/VCR <input type="checkbox"/> TV/DVD <input type="checkbox"/> Other _____	<p>Breakfast</p> <input type="checkbox"/> Continental (coffee, tea, juice, pastry) <input type="checkbox"/> Hot buffet (eggs, bacon/sausage, grits, biscuits, coffee, tea, juice) <input type="checkbox"/> Other _____	<p>Equipment Request</p> <input type="checkbox"/> Podium <input type="checkbox"/> Dry Eraser Board <input type="checkbox"/> Tables and Chairs # of Tables _____ # of Chairs _____ <input type="checkbox"/> Chairs Only # of Chairs _____	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Sound System Coverage:</p> <input type="checkbox"/> Power up Media Equipment <input type="checkbox"/> Microphone/Sound Check	<p>Lunch</p> <input type="checkbox"/> Lite: Sandwiches & Salad <input type="checkbox"/> Hot Buffet (<i>Circle</i> Chicken or Beef or Pasta) <input type="checkbox"/> Beverage (<i>Circle</i> Tea or Punch or Lemonade) <input type="checkbox"/> Dessert (<i>Circle</i> Chocolate Layer Cake, Pound Cake, Sheet Cake) <input type="checkbox"/> Other _____	<p>Set Up Description (Diagram to the Right)</p> <p>Meal Function</p> <input type="checkbox"/> Dining Room Style <input type="checkbox"/> Calvary Tables <input type="checkbox"/> Round Tables* <input type="checkbox"/> Cocktail Style*	<p>Program Theme:</p> <p>_____</p> <p>_____</p>
<p>Support by Media Person:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Audio Only <input type="checkbox"/> Audio-Video	<p>Dinner <input type="checkbox"/> Buffet <input type="checkbox"/> Plated</p> <input type="checkbox"/> Entree (<i>Circle</i> Chicken or Beef or Pork or Pasta) <input type="checkbox"/> Vegetable (<i>Circle</i> String Beans, Vegetable Medley, Peas) <input type="checkbox"/> Bread (<i>Circle</i> Assorted Dinner Rolls or French Bread) <input type="checkbox"/> Beverage (<i>Circle</i> Tea or Punch or Lemonade) <input type="checkbox"/> Dessert (<i>Circle</i> Chocolate Layer Cake, Pound Cake, Sheet Cake) <input type="checkbox"/> Other _____	<p>Meeting</p> <input type="checkbox"/> Classroom Style <input type="checkbox"/> Theatre Style <input type="checkbox"/> U Shape <input type="checkbox"/> T Shape	<p>Evangelistic Component:</p> <p>_____</p> <p>_____</p>
<p>Length of Time for Media Support:</p> <p>Set-up Time: _____</p> <p>End: _____</p>	<p>Lighter Fare (Snacks & Beverages)</p> <input type="checkbox"/> Cookies <input type="checkbox"/> Hot Hors'd'oeuvres <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese & Crackers <input type="checkbox"/> Fruit <input type="checkbox"/> Granola Bars <input type="checkbox"/> Beverage (<i>Circle</i> Coffee or Tea or Juice or Water) <input type="checkbox"/> Other _____	<p>*Round & Cocktail Tables must be rented</p>	<p>_____</p> <p>_____</p>
<p>Special Cueing/Timed Support During Event:</p> <input type="checkbox"/> Play CD _____ Track # <input type="checkbox"/> Show DVD _____ Start Time <input type="checkbox"/> Display PowerPoint <input type="checkbox"/> Display Skit Video			
<p>Recording:</p> <input type="checkbox"/> CD (Audio) <input type="checkbox"/> DVD (Audio-Video)			