

Event Packet



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PLANNING AHEAD FOR GREATER
KINGDOM IMPACT

MOUNT BETHEL

EVENT PACKET

The event packet should be turned in at least a month in advance

EVENT DEFINED: If it involves the church calendar, church finances, church space or some portion of the membership it is an event.

EXPLANATION OF FORMS:

BUILDING USE FORM

- This form should be used to request the use of a particular space, room, building, etc. on the church campus. This form should be turned into the church's office at least one month before your approved event. **NOTE: ALL ROOM ASSIGNMENTS WILL BE DONE BY THE OFFICE.**

CHECK REQUEST FORM

- This form should be used to request funds that have already been approved or to request approval for funds not previously approved. Supporting paperwork should be turned in with this form to substantiate the funds that are being requested. Check request should be turned in at least two weeks before the funds are needed. Additionally, ministry group leaders should sign all check request that are being requested by the ministry in which you lead. Suggestion: When trying to determine price, we encourage you to make use of online price shopping as one of your options.

PRINTING REQUEST FORM

- This form should be used to request printing/copies, duplication, flyers, and other similar materials that will be used for the purposes of church ministry or other related church events. All printing request must have already been proofed and approved before a printing request is made. If outside printing is required, a copy of the approved check request should be attached to the printing request form. Printing request forms must be turned in at least one month before materials are needed.

MINISTRY BUDGET FORECAST

- The ministry budget forecast is designed to help with the planning of your event. It asks questions regarding the event, which assists you with overlooking or forgetting to handle various areas, when hosting an event. This form should be completed at least one month before your event.

EVENT EVALUATION FORM

- This form should be completed after your event. A copy of the completed Event Evaluation Form should be turned in to the church office no later than one week after your event. This form is designed to help your team review what was successful and unsuccessful during your event, with the goal of honest evaluation and implementation of adjustments.

BUILDING USE FORM

Name of Ministry: _____

Please Mark Space You Are Requesting:

Sanctuary Fellowship Hall Class Room Zoom Outdoors

Signature of Ministry Director: _____ Date: _____

Phone number(s): cell _____ other: _____

******ROOM ASSIGNMENT WILL ONLY BE DONE BY THE OFFICE.*****

PURPOSE FOR BUILDING USE

Ministry Meeting

Community Event

Other: _____

Date of Function: _____

Event Start Time: _____ AM PM End Time _____ AM PM

On the day of my event, I would like to arrive at: _____ AM PM

Preparation/Set-Up Information:

Set-Up Date (If Applicable): _____

Set-Up Start Time: _____ AM PM Set-Up End Time _____ AM PM

Number of People Attending: _____

How will the room be set-up to receive the attendants:

Tables & Chairs

Chairs Only

No Tables or Chairs

Equipment Needed For The Event

___ Tables: How many _____ Choose One Round Rectangle

Note: Round tables will only be available in the fellowship Hall

___ Chairs: How many _____

___ Dry Erase Board

___ Microphone

___ Streaming Equipment

___ Podium

___ Other: _____

FOR OFFICE USE ONLY

RECEIVED BY: _____

RECIEVED ON: _____

APPROVED: _____ NOT APPROVED _____

ROOM(S) ASSIGNED: _____

DATE NOTIFIED _____ NOTIFIED BY _____

SIGNATURE OFFICE APPROVAL : _____

PRINTING REQUEST FORM

This form should be used to process printing requests through the church office. **Only the final proofed master should be submitted when requesting copies.** The request should be turned in no later than two (2) days before you need the materials. The Ministry Director should sign this request.

Date Submitted: _____ Date Needed/Due: _____

**** NOTE: Copyrighted materials CANNOT be legally reproduced without a copyright release.**

Name of Event/Project: _____

Date of Event/Project: _____

Name of Ministry Requesting Printing: _____

Signature of Ministry Director: _____ Date: _____

Phone number(s): cell _____ other: _____

Type of paper (color/card stock): _____

Number of copies: _____

Has the master copy and/or electronic pdf been through the procedures for proofing?
_____ Yes _____ No If not, please do not submit request until proofing procedures
have taken place.

Is the cost of printing request a part of your approved annual budget? _____ Yes _____ No

**** Please note that the actual printing of materials is not what requires time; however, it is the proofing procedure, sorting, folding and/or stapling that may delay the processing of the print request.****

MINISTRY BUDGET FORECAST

Describe proposed project/event: *(Remember that at least one event should be an outreach effort. Try something new.)*

Name of Event: _____

Name of Ministry Hosting Event: _____

Proposed Date: _____ **Alternative Date:** _____

Event Time (Start & End Times): _____

One-time activity Proposed annual event On-going monthly activity

Other: _____

Is this an approved calendar event for your ministry? _____

Purpose: _____

Theme/Scripture Reference, if applicable: _____

This event will benefit Mount Bethel and or the community by: _____

Goal: as a result in attending this project/event individuals should better understand: _____

Target Audience

Children Youth 18 – 25 26 – 35

36 - 45 46-55 Men Women

Partners Guests Other: _____

We intend to impact the target audience/group by: _____

Event Coordinator: _____ **Contact Number:** _____

Event Coordinator Task(s): _____

Task(s) Deadline: _____

Event Speaker(s): _____

IMPORTANT: DO NOT CONTACT SPEAKER BEFORE APPROVAL FROM SENIOR PASTOR

Dates For Plannings Meetings: list all planning meeting dates for the event. Be sure that the building request forms are completed for each of your meetings and turned in to the office for approval.

Date of Meeting #1: _____

Date of Meeting #2: _____

Date of Meeting #3: _____

CHILDCARE:

Is childcare desired for the event? _____ Yes _____ No. If yes, what ages need care: _____

How many children are expected? _____ Date Nursery Contacted: _____

Did Nursery give approval? _____ Yes _____ No If yes, the name of the Nursery Director giving approval: _____

COMMITTEE CHAIRPERSON(S) SECTION: This section will help with delegation. List the name(s) of the assigned person, the delegated task(s) and the deadline.

Event Set-Up Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Event Clean-Up Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Registration Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Publicity/Marketing Chairperson: _____
This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Food/Refreshments Chairperson: _____
This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Programs Chairperson: _____
This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Building Use Form(s) Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Check Request Form(s) Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Printing Request Form(s) Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Special Guest/Guest Speaker Host Person Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Other Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Other Chairperson: _____

This person has been given the following task(s): _____

The deadline for this task(s) is: _____

Total Budget Needed: _____

Which type best describes this type of project/event:

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> God-Centric | <input type="checkbox"/> Relationship | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Word of God | <input type="checkbox"/> Evangelistic | |
| <input type="checkbox"/> Nurturing | <input type="checkbox"/> Generosity | |

How will this project/event embrace the vision of Mount Bethel? Plan of Action: How will this project/event's goals be achieved? _____

Project/Event Evaluation Form

The purpose of this form is to evaluate your recent project or event. Use this form as a tool to review your accomplishments, challenges, opportunities, strategies, and stewardship responsibilities. Please submit a copy of this form upon completion of your project/event (within 3-5 days).

Submitted By: _____ **Contact #:** _____

Ministry: _____ **Project/Event:** _____

Date of Project/Event: _____ **Number of Attendees:** _____

Overall Evaluation (Circle One) 1 - Poor 2 - Fair 3 - Good 4 - Very Good 5 - Excellent

Accomplishments (What went well):

Challenges (What were weaknesses and items that caused tension):

Opportunities (What were some ideas that could have been implemented to make it better):

Strategies (What can be done in the future to minimize weaknesses and tensions)

Proposed Budget: _____ **Actual Cost:** _____ **Profit/Loss Amount:** _____

If actual cost was more than proposed budget, why didn't you meet the budget? _____
