

CHESTERFIELD MB CHURCH

2025 Calendar Event Planning Sheet

Today's Date: ____ / ____ / ____

Date Received: ____ / ____ / ____

Ministry: _____ Ministry Leader: _____

Email Address: _____ Phone: _____

Title of Event Being Planned:

90 Days (Banquets, Retreats, Conferences, Seminars/Course)

60 Days (Program, Outing/Trip, Prayer Breakfast)

30 Days (Fellowships, Skating Parties, Bowling Parties, Car Wash)

7 Days (Rehearsals, Meetings)

Description of Event:

(Please attach an additional page if necessary to describe event)

Location of Event:

Projected Date: ____ / ____ / ____ Day(s) of Week: _____

Start Time: _____ End Time: _____

Alternate Date: ____ / ____ / ____ Day(s) of Week: _____

Set-Up Date and Time: _____ Start Time: _____ End Time: _____

Ministry Leader's Signature Date Phone

IMPORTANT NOTE: You are responsible for setup and general clean up and tear down of facility, including vacuuming and trash removal. ***Upon approval of your event, an authorized office personnel will contact the person above to discuss specific facility needs.

SECTION I- LOGISTICS/FACILITIES

1. Number of people expected? _____

2. Facility Preference:

Sanctuary:

Sanctuary

Vision Center

Conference Center (Fellowship Hall)

3. Facility Set-up Style:

Meeting Room

Banquet

4. Who will be your point of contact for the facility set up and breakdown?

Name: _____ Number: _____

5. Will food be served at this event?

Yes

Catered by Church

Catered by outside Caterers

Purchased and served

Potluck

No

6. Will security be needed for this event?

Yes

No

SECTION II – AUDIO/VISUAL

Will you need audio/visual?

- Yes
- Microphone (qty: ____)
- CD player
- Portable Sound System
- Audio Technician/Recording Support
- Video Technician/Recording Support
- No

SECTION III: HOSPITALITY GREETERS/Ushers

- Yes
- No

SECTION IV – MUSIC MINISTRY

Will you need musical support? (i.e. singers, musicians)

- Yes If yes, what type? _____
- No

SECTION V – PUBLIC RELATIONS SUPPORT

1. How do you want to advertise your event?

- Announcement
- Flyers
- Newspaper
- Radio
- TV
- Direct Mailing

- Email
- Website
- Other _____

2. When would you like to begin promoting your event?

Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

3. Do you have promotional items designed for approval? (i.e. flyers, postcards, etc...)

- Yes, if yes please attach item(s) for approval.
- No

4. Do you need assistance creating your promotional materials?

- Yes, if yes, please complete a Multi-Media Request Form.
- No

Please submit 30 days prior to event marketing date. (The date in which you plan to start promoting your event.)

5. Do you need photography for your event?

- Yes
- No

SECTION VI – OFFICE SUPPORT

Program Layout – *Submit at least 25 days prior to event*

- Yes
- No

Certificates – *Submit printed list with correct spelling at least 14 days prior to event.*

- Yes
- No

Letter for mailing – *Submit draft at least 30 days prior to event*

Yes

No

How many pieces of mail? _____

Are travel arrangements necessary for this event?

Yes (Contact Trustee Ministry)

No

Is there any coordination with external ministries necessary?

Yes

No

SECTION VII: DECORATION

Yes

Church

Outside Decorator

No

SECTION VIII: TRANSPORTATION

Yes

No

SECTION IX: EXPENDITURES AND INCOME:

Yes ____ (complete section below) **No** ____

1. Amount of Projected Funds Requested? \$ _____
2. Amount of Projected Expected Income? \$ _____

MINISTRY AVAILABLE FOR THE EVENT

Facilities and Logistics <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____	Office Support <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____
Audio Support <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____	Ushers/Greeters <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____
Video Support <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____	Music Ministry <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____
Culinary Ministry <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____	Decoration Ministry <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____
Transportation Ministry <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> N/A Initials: _____ Date: _____	

Ministry Leader's Signature

Date

Phone

Chairman of Trustee's Signature

Date

Phone

Chairman of Deacon's Ministry

Date

Phone