

CHESTERFIELD MB CHURCH

2025 Event Planner

Today's Date: ____ / ____ / ____

Date Received: ____ / ____ / ____

Ministry: _____ Ministry Leader: _____

Email Address: _____ Phone: _____

Title of Event Being Planned:

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: _____

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 **IMPORTANT NOTE: You are responsible for all cooking and warming equipment for your event, as well as purchasing paper goods for your event.**

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 – LEVITICAL 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? _____

SECTION VII: DECORATION

Yes

Church

Outside Decorator

No

SECTION VIII: TRANSPORTATION

Yes

No

Cost of Facility – See Trustee

Note - All checks payable to Chesterfield MB Church

Total Cost - \$ _____

SIGNATURE AND NOTICE OF REQUEST

<p>Facilities and Logistics</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>	<p>Office Support</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>
<p>Audio Support</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>	<p>Ushers/Greeters</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>
<p>Video Support</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>	<p>Levitical Ministry</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>
<p>Culinary Ministry</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>	<p>Decoration Ministry</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>
<p>Transportation Ministry</p> <p><input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> N/A</p> <p>Initials: _____ Date: _____</p>	

Signature

Date

Phone

Chairman of Trustee's Signature

Date

Phone

Chairman of Deacon's Ministry

Date

Phone