



Ministry Event Request Form

Ministry Primary Sponsor : _____

Contact Persons (list 2 people from ministry that will serve as contacts)

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Title of Event: _____

Location: _____

Date: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Time: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Category: Community Service/Outreach Health & Wellness Fellowship & Connection
 Training/Education Worship Other

Type of Event: Churchwide Ministry-focused

Target Audience: _____

Description of Event (incl. how it falls within the goals of Christian Discipleship, Outreach or Education):

Is there another ministry that can collaborate or co-sponsor the event? Yes No

Ministry Name: _____

Will there be contributions or income generated? _____ Estimated total _____

Estimates cost: (Please use the *planning sheet* to arrive at a total) _____

For Staff Use only

Date proposal was submitted: _____

Approved for: Day and Time _____

Not Approved: _____

Approved with Conditions: _____

Elder/Pastor Signature: _____