



Event Coordinator: _____ Phone: _____

E-mail: _____

Subcommittee? _____ Best Method of Communication: _____

EVENT DESCRIPTION:

Activity/Title of Event: _____ Type: _____

Date of Event: _____ **Time:** _____

Target Audience: (ex. men, women, families, youth, etc.) _____ # of people: _____

Goal - Summary:

REGISTRATION:

I need Online Registration/Sign-up. Open Date: _____ Close Date: _____

I want to be emailed daily if/when sign-ups happen.

This is a recurring event. Describe: _____

A person can register additional people under their name. (ie. family members)

Just the number of people

Name of guests

Additional custom information: please specify: _____
 For example: birthdate, are you bring a dish, childcare needed, etc.

Do registrants need to order other supplies? Please specify item(s) & cost
 for example: t-shirts, books, cds, craft supplies _____

There are additional forms for people to download, fill-out & re-
 turn. *If so, please submit a copy digitally to church office or attach to this form.*

I will be planning Childcare.

Check that Childcare workers are CAPP certified

I would like to set up a prayer team.

Office Use Only:

Copy for Church Admin

Copy for _____

Copy for _____

Copy for _____

FINANCIAL INFORMATION:

OUTSIDE GROUPS (Office Use Only) Outside Groups must provide their own insurance.

Building Use Fee: _____ Date Deposit Paid: _____ Date Paid: _____

Commission Approval: _____

INTERNAL GROUPS Commission Approval: _____

How much money, if any, are you collecting? _____ (If none, skip to next section)
(When setting the price, please consider custodial services (if needed), childcare (if paid), materials needed, sales tax, etc).

The money you are collecting is for (circle): **GOODS/SERVICES** **TAX-DEDUCTIBLE DONATION**

Do you need any forms for people to fill out? (please coordinate with office) **YES** **NO**

This event requires a deposit. How much? _____ When is it due? _____

How can people pay? Check all that apply:

- Credit Card Online Check at the door Credit Card at the door
(Church office must approve)
- Electronic Check Cash at the door

Do you allow refunds? **YES** **NO** No refund after (date) _____

Do you need a moneybox? **YES** **NO**

Change? .25 _____ .10 _____ .05 _____ .01 _____ = (total) \$ _____

1's _____ 5's _____ 10's _____ 20's _____ = (total) \$ _____

I understand that I need to turn in all monies received immediately after the event.

Money will be allocated to which account(s) _____

If you need reimbursement for you or someone else, please fill out a check request form, available in the church office, attach & return all receipts to it.

Processing can take up to 2 weeks.

Any additional notes/information that would be helpful:

Office Use Only:

- Copy for Treasurer
- Copy for _____



Event: _____

Date of Event: _____ **Time:** _____ **Coordinator:** _____

Phone: _____ **E-mail:** _____

- Event coordinator is responsible for content. Content is **due 4 days prior** to completion.
- PLEASE **submit electronically** verbiage for bulletin & E-newsletters
- Information provided past deadline will not be guaranteed for production
- Staff reserves the right to change verbiage based on space & availability.

Promotional Options: Insert Date →	Check if Desired	8 Wks before	7 Wks before	6 Wks before	5 Wks before	4 Wks before	3 Wks before	2 Wks before	1 Wk before
	Graphic/Color Scheme for all publicity items Coordinate with Communications Director								
Website Front-Page Slider or Box (not guaranteed, space is limited)									
Webpage for Details									
E-Newsletter									
Bulletin Insert (only once)									
Bulletin Announcement									
Welcome Center Information Sheet Coordinate with Communications Director									
Pre-service PowerPoint Slide									
Facebook Posts									
Flat Panels									
Postcard/ Mailing									
Expanded Internet Advertising									
E-mail Blast about your event									
Announcement in church (not guaranteed, time in service is limited)									
Focus on Mission									
Registration/Information Table Leading up to event									
Church Sign									
Staging Area									
Registration/Information Table AT event									
Other:									

Event Name: _____ Date: _____

Building Open Time: _____

Who opens? _____ Phone: _____

Event Time: _____

Main Contact Name: _____ Phone: _____

Departure Time: _____

Who closes? _____ Phone: _____

Set-Up Date/Time: _____ (on your own? Y/N) If no, additional fees may apply

Clean-Up Time: _____ (on your own? Y/N) If no, additional fees may apply

Final details must be submitted to the Office 7 business days before your event.

Anticipated attendance? _____ Final Number (Office Use) _____

	Classroom(s) list:		Kitchen (coordinate with Kitchen Manager)		Van (additional usage form needed)
	Nursery		Fellowship Hall		Trailer
	Prayer Room		Multipurpose/ Gym		NONE
	Sanctuary Items moved? Y N By Who? _____		Library		Other:

Rooms Needed: Check all that apply & Circle Primary Location (subject to availability)

LAYOUT NEEDED: Sketch/ describe room set-up. Include # of tables/ chairs

I also need... (circle all that apply) Podium Microphone Power Cord Projector &

Screen Computer Computer Speakers Presentation table

Pens/Pencils Nametags Markers

Notepads Room Dividers Easel

Flip Chart White Board

Office Use Only:

Copy for Building Manager

Event Name: _____ Date: _____ Time: _____

Main Contact Name: _____ Phone: _____

<p>By offering childcare, you are providing a much needed service for parents and your event will be even more successful.</p> <p>When offering "Childcare by Reservation", give yourself enough time to find appropriate childcare workers by setting a cut-off date for reservations. After the cut-off date, allow additional reservations only if it fits in with the rooms & number of workers already set in place.</p> <p>Contact the Children's Pastor or the Child & Adolescent Protection Program (CAPP) coordinator for the current policy, procedures & forms. The policy not only protects the children but it also protects the workers/volunteers & Faith Covenant Church.</p> <p>All childcare providers must have</p>	<p>completed the CAPP screening process by turning in a completed, signed volunteer application.</p> <p>Please understand, for the protection of our children, workers and church, if the above requirements are not met, then childcare can <u>not</u> be provided. The CAPP policy must be followed closely.</p> <p>PLEASE NOTE: Compensation for paid childcare workers is at the rate of \$8-10/ hour and must be paid promptly.</p> <p>A FEW REMINDERS FROM THE CAPP POLICY: Any injuries and/or behavior issues must be reported to the childcare coordinator for the event. Parents are to be notified immediately of any issues involving their child(ren). All issues must be reported to</p>	<p>Faith Covenant Church via appropriate staff/pastors present. For liability reasons, forms must be completed for injuries and forwarded to the insurance company.</p> <p>ALL CHILDREN'S CLASSROOMS ARE PEANUT-FREE AND TREE NUT-FREE.</p> <p>Always ask if there are special needs or allergies.</p> <p>Children are not allowed to hurt each other or hurt themselves. Parents must be informed immediately if problems persist.</p> <p>Diapering and other toileting aid must be handled by a responsible adult and the other childcare worker must stay in view of and in charge of the other children during the process.</p> <p>For more information about children at various ages and ideas about what to do with them, please contact the Children's Pastor.</p> <p>If your event has only a few children for childcare, they may be grouped</p>
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Have you?...

	Provided a list of childcare workers to office		Coordinatec payment to childcare workers
	Determined rooms to use		
	Confirmed workers have all completed the CAPP policy		

Office Use Only:

Copy for CAPP coordinators