

LBC Ministry Event & Coordination Planner

Activity/Event/Ministry: _____ Today's Date: _____

Date of Event/Ministry: _____ Time: _____ AM PM Occurrence: 1x Wkly Monthly Qtrly

Facility Reservation forms completed if applicable? Y N Set up required? Y N If so, by when/who?

Who _____ When? _____

Additional Property requests? Tables/chairs/tents/coolers, etc.? Y N _____

Does your event involve children/minors? Y N Do you need childcare? Y N # of children _____

Space Assigned _____ # Workers _____ Cost of Care \$ _____ Age Range _____

Participation agreement required? Y N Security & Safety officer _____

If off-campus: Vehicle Reservation Forms Completed Y N Est. Mileage _____ x # vehicles _____

Mileage (x) # Vehicles, divided by miles per gallon (x) price per gallon Est. Gas Expenses \$ _____

Event T-Shirts? Y N Total including tax, set up, delivery \$ _____ divided by # of participants

Cost \$ _____

Ticketing/Deposit or other event costs? Y N Per Person \$ _____ (x) # Ppl = Total \$ _____

Payment Type & Deadline: _____

Staff r equested? Y N Who? _____

Approved by: _____ Date: _____

A/V Needs? Y N List specifics _____

Worship Pastor approval: _____ Date: _____

Custodians Notified Y N Acknowledgement: _____ Date: _____

Promotion? (Complete Event Promotion Request and/or Requisition Form for approval by deadline)

Hospitality Needs? Y N Items Requested: _____

Training? Y N Hospitality approval: _____ Date: _____

Volunteers Needed? Drivers _____ Chaperones _____ Cook/Serve _____ Other?

Related Purchases/Expenses? Y N List _____ Cost: \$ _____