

Event Title: _____

Event Date: _____



**FIRST MISSIONARY
BAPTIST CHURCH**

MINISTRY EVENT PLANNING FORM

This Ministry Event Planning Form is designed to assist Ministry Leaders and other designees in the efficient and effective planning of all ministry events. Please use this form at the start of all planning and carefully follow each step from team selection, budgeting, programming and facility planning to publicity, food service, follow up and evaluation.

Authorized Use Only

Senior Pastor Authorization: _____

Date: _____

Revised June 2023

Event Title: _____ Ministry Oversight Team: _____

Date: _____ Start Time: _____ End Time: _____

Location: _____ Projected Attendance: _____

Purpose: _____

Team Leader _____ Contact Phone Number _____

Date of initial meeting with Senior Pastor: _____

I. INITIAL PLANNING STEPS

√

Comments

Select Team Members

Identify Event Stewart (See Chairman of Trustees)

Schedule Event Team Meetings (Contact Church Office)

Schedule Initial Meeting with Pastor (Contact Church Office)

Schedule Follow Up Meeting

Select Sub Team Leaders

SUB-TEAM LEADERS

Budget _____
Name _____ Phone Number _____

Programming _____
Name _____ Phone Number _____

Logistics and Facilities _____
Name _____ Phone Number _____

Publicity and Promotion _____
Name _____ Phone Number _____

Hospitality/Food Service _____
Name _____ Phone Number _____

Other (Specify Team) _____
Name _____ Phone Number _____

II. BUDGET

BUDGET (Contact Chairman of Trustees)

Amount budgeted for this event \$ _____

Total Revenues Anticipated \$ _____

Total Expenses \$ _____

Contracts needed? [] Yes [] No (If yes, give contract to the Trustee ministry to review, approve and sign.)

EXPENSES (honorariums, food, lodging, transportation, materials, printing, sponsors, etc.)

<u>Vendor</u>	<u>Purpose</u>	<u>Amount</u>	<u>Deposit Required</u>
_____	_____	\$ _____	[] Yes [] No
_____	_____	\$ _____	[] Yes [] No
_____	_____	\$ _____	[] Yes [] No
_____	_____	\$ _____	[] Yes [] No
_____	_____	\$ _____	[] Yes [] No

III. PROGRAMMING	√	Comments
Select and invite Master of Ceremonies / Worship Leader		
Submit special music requests (Contact Director of Worship)		
Contact and confirm program participants		
Discuss time limitation with all participants		
Determine printing needs		
Submit Project Request Form(s) for all printing needs (Contact Church Office)		
Secure Event Evaluation Form (Contact Church Office)		
Event theme and scripture _____		
Other _____		
IV. LOGISTICS AND FACILITIES	√	Comments
Schedule room location		
Determine room setup and configuration (Contact Director of Facilities)		
Set up signage (Contact Church Office)		
Determine audio/visual needs (Contact Director of Service Ministries)		
Coordinate pickup and/or delivery of rented equipment		
Coordinate setup/breakdown team		
Other _____		
V. PUBLICITY AND PROMOTIONS	√	Comments
<i>All information must be approved by the Church Office prior to public distribution</i>		
Determine promotional needs and prepare promotional plan		
Promotion Plans (card, letters, newsletter, bulletin, Sunday AM announcement, website, newspaper, etc)		
I. _____		
II. _____		
III. _____		
IV. _____		
Determine printing needs		
Submit project request for printing needs		
Determine and schedule mailing needs (all mailings must sent 3 weeks prior to event)		
Request approval of promotional plan (Contact Church Office)		
Information given to witnessing team		
Prepare key details for press release (if needed)		
Other _____		
VI. HOSPITALITY AND FOOD SERVICE		Comments
Submit food service requests (Contact Director of Service Ministries)		√
Coordinate volunteers for serving/hospitality (Contact Director of Service Ministries)		
Establish clean up team		
Coordinate transportation needs		
Determine need for greeters (and number needed)		
Determine needs for host/hostess for guest speaker/preacher		
Determine if flowers are needed (Contact Decoration Committee)		
Other _____		

**Food Service costs will be charged to the requesting Ministry's budget*

OTHER SPECIAL NEEDS

If minors involved, parental consent received (best practice – parental consent form)

Determine accommodations for the disabled

Special Food Needs (i.e. Dietary)

Arrange for Special Guest Parking

Other _____

FOLLOW UP

Schedule closeout meeting

Special thank you notes written

Special commitments and promises followed up

Cost analysis completed (projected vs. actual costs)

Other _____

EVALUATION

Were all five-ministry purposes met (Worship, Instructions, Fellowship, Evangelism, and Service)?

SUGGESTIONS FOR NEXT EVENT

Initial Review _____
Signature_____
DateFinal Review _____
Signature_____
Date