

New Beginnings UMC
Event Planning Form

This form should be turned in for approval prior to scheduling a new event at the church.
If you have any questions please contact Judy Munson at (770) 421-9980.

Date of Request: _____

Event Information:

Event Name: _____

Event Date(s): _____ Location/Rm #: _____ Time: _____

Contact Person: _____

Person In Charge of Setup/Cleanup:

Phone: _____ Email Address: _____

Who will Unlock/Lock Doors?

Phone: _____ Email Address: _____

Additional Services Needed:

Child Care: (may not always be available)

_____ Not Needed

_____ Yes, and I will contact Melody Abel at (770) 421-9980

Audio Visual Support Needed? Yes _____ No _____

If yes, please explain what type of support you need. _____

Advertising:

Date(s) Needed

_____ Bulletin Insert _____

_____ Bulletin Announcement _____

_____ Table in Lobby _____

_____ Other (please attach detail) _____

Finance:

Will this Event need funding? Yes _____ No _____

If yes, how will this event be funded?

_____ Participants Total Cost per person \$ _____

_____ Request from a ministry budget Estimated Budget Exp \$ _____

_____ Donations, fundraisers, sponsorships, etc. Attach Detail.

Office Use Only:

Facility/Room Available? Yes _____ No _____ N/A _____

Office Approval _____ Date _____

Steering Approval (If needed) _____ Date _____

Finance Approval (if needed) _____ Date _____