**ANNUAL**

**EVENT PLANNING FORM**



**Instructions:**

An Events Planning Form must be completed for each event and submitted for consideration 30-days before the event date. Recurring events may be submitted on one form but please be sure to list all event dates**.** The information you provide will be used to develop the Annual Events Calendar, determine needed resources, set success measurements, and establish ministry budgets. The form will be reviewed for potential conflicts and approved by the Senior Pastor. Approval will be provided to the Ministry Director and Team Captain within 7 working days after receipt. Incomplete applications **WILL NOT** be considered, placed on the church calendar or promoted. Submit the completed form to pj@christianstronghold.org and joperry@christianstornghold.org. Please feel free to contact us at 214-320-4800 if you have any questions.

|  |
| --- |
| **MINISTRY INFORMATION** |
| Ministry:  | Date Submitted:  |
| Contact:  | Contact Role:  |
| Contact Phone:  | Contact Email:  |
| **MINISTRY ACTIVITY** |
| Event Type: [ ] Ministry Event /Program [ ] Field Trip [ ] Conference [ ] Volunteer Training [ ] Fundraiser |
| Event Title:  |
| Event Day: Event Date:  | Start Time: [ ] AM [ ]  PM / End Time: [ ] AM [ ]  PM  |
| Event Location:  | CSC Room Request *(list all rooms you will use)*:  |
| Which Ministry Function does this program/event fulfill? [ ] Fellowship [ ] Discipleship [ ] Worship [ ] Evangelism [ ] Ministry | How often does this activity occur?[ ] Weekly [ ] Monthly [ ] Quarterly [ ] Annually  |
| Target Audience (*select all that apply*): [ ] Children [ ] Church-wide (*all members*) [ ] Community [ ] Married Couples  [ ] Men [ ] Women [ ] Young Adults [ ] Seniors [ ] Singles [ ] Youth  |
| What is the attendance/participation goal?  |
| What do you wish to accomplish by sponsoring this event?  |
| Describe how you will accomplish the goal:  |
| How will you measure success? * Quantitative *(measured in numbers)*:
* Qualitative *(measured by value/participant satisfaction)*:
 |
| Event Attire: [ ] Casual [ ] Business Casual [ ] Sunday Dress [ ] Semi-Formal [ ] Formal |
| Could this event benefit from co-sponsorship from other ministries? *Please note that co-sponsorship includes responsibilities for planning and execution of tasks and sharing income as appropriate.* [ ] Yes [ ] NoIf yes, which ministries will you approach?  |
| What ministry support services will you require? [ ] Choir [ ] Culinary [ ] Dance [ ] Media [ ] Security [ ] Set-up/Breakdown  |
| Will this event require registration or ticket sales? [ ] Yes [ ] No If yes, please answer questions below:Onsite registration/ticket sales? [ ] Yes [ ] No Registration/Ticket Sales Start Date: End Date:  |
| Suggested Guest Speaker(s) *Speakers must be approved by the Senior Pastor before the invitation is extended. Please attach a copy of each speaker’s biography*:

|  |  |  |
| --- | --- | --- |
| Name: | Church Affiliation: | Phone:  |
| Name: | Church Affiliation: | Phone: |
| Name: | Church Affiliation: | Phone: |

 |
| Events will be promoted in media presentations, web and Facebook pages. For all community events, a public service announcement will be submitted to local radio and TV stations if time permits. It is the station’s decision whether or not to publicize the event. What additional promotions are needed – please note only one printed piece will be provided:Printed Piece: [ ] 5½ x8” Flyer [ ] 11x17” Poster [ ] Post Card [ ] Business Card  |
| **SPACE / SET-UP NEEDS** |
| Which room(s) will you use for this event (*check all that apply*)? [ ] Chapel [ ] Gym [ ] Fellowship Hall [ ] Kitchen [ ] Kingdom Kids Room [ ] Parking Lot/Outside Space [ ] Sanctuary [ ] Welcome Center  |
| Room Set-upStyle | Table  Description automatically generated with low confidence | [ ] Auditorium Style[ ] U-Shape Style[ ] Conference Style[ ] Classroom Style[ ] Banquet Style |
| **BUDGET PLANNING / DEVELOPMENT** |
| A budget is an important management tool used to identify expenses and financial resource requirements, make informed decisions, and support an overall plan. Use this template to estimate costs and track actual expenses. Comparing your projections with actual costs can help to create more accurate estimations for future activities.  |
| **EXPENSE** | **PROJECTED****EXPENSES** | **ACTUAL EXPENSE** |  | **INCOME SOURCES** | **PROJECTED****INCOME** | **ACTUAL INCOME** |
| Speaker Honorarium  | $ | $ |  | Ticket Sales | $ | $ |
| Speaker Travel | $ | $ |  | Sponsorship | $ | $ |
| Speaker Housing | $ | $ |  | Donations | $ | $ |
| Venue Rental Fee | $ | $ |  | Fundraising Income | $ | $ |
| Food & Beverage | $ | $ |  | Other Income: | $ | $ |
| Venue Staff Gratuities  | $ | $ |  | Other Income: | $ | $ |
| Equipment Rentals | $ | $ |  | Other Income: | $ | $ |
| Photocopies/Printing | $ | $ |  | Other Income: | $ | $ |
| Gifts/Prizes | $ | $ |  | Other Income: | $ | $ |
| Decorations | $ | $ |  |  |  |  |
| Postage | $ | $ |  |  |  |  |
| Plaques/Trophies | $ | $ |  |  |  |  |
| Entertainment/Performers | $ | $ |  |  |  |  |
| General Supplies | $ | $ |  |  |  |  |
| Other: | $ | $ |  |  |  |  |
| Other: | $ | $ |  |  |  |  |
| Other: | $ | $ |  |  |  |  |
| **TOTAL** | **$** | **$** |  | **TOTAL** | **$** | **$** |

Thank you for submitting the Event Planning form; please retain a copy of the completed Events Planning Form for your records. Please feel free to contact the Front Office if you have any questions or need assistance..