**2024 EVENT PLANNING FORM**



**Instructions:**

Plese complete an Event Planning for each event and submit 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 form will be reviewed for potential calendar conflicts and approved by the Senior Pastor. Approval will be provided to the Ministry Director and Team Captain within 7 working days after receipt. Submit the completed form to [pj@christianstronghold.org](mailto:pj@christianstronghold.org) and [tlee@christianstronghold.org](mailto:tlee@christianstronghold.org) Please feel free to contact us at 214-320-4800 if you have any questions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MINISTRY INFORMATION** | | | | | | | | | | | | | | |
| Ministry: | | | | | | | | Date Submitted: | | | | | | |
| Contact: | | | | | | | | Contact Role: | | | | | | |
| Contact Phone: | | | | | | | | Contact Email: | | | | | | |
| **MINISTRY ACTIVITY** | | | | | | | | | | | | | | |
| Event Type: Ministry Event Volunteer Training Fundraiser. Field Trip | | | | | | | | | | | | | | |
| Event Title: | | | | | | | | | | | | | | |
| Event Day: Event Date: | | | | | | | Start Time: AM  PM / End Time: AM  PM | | | | | | | |
| Event Location: | | | | | CSC Room Request *(please 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?  One Time  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 No  If 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, Check-in or ticket sales? Yes No If yes, please answer questions below:  Online registration? Yes No Ticket Sales? Yes No Registration/Ticket Sales Start Date End Date:  Set up check-in online? Yes No Will child care be provided? Yes No If answer is yes, what ministry is providing the child care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please provide names of the 2 adults providing child care:  1) and 2) | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | |
| 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-up  Style | | Table  Description automatically generated with low confidence | | | | | | | | | | Auditorium Style  U-Shape Style  Conference Style  Classroom Style  Banquet Style | | |
| **BUDGET PLANNING / DEVELOPMENT** | | | | | | | | | | | | | | |
| 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** | | **$** | | **$** |