



Ministry Event Planning Form

The Chosen Vessel Cathedral
Bishop Richard E Young, Senior Pastor

Today's Date: _____

Request should be submitted at least 6 weeks in advance

Place in Administrative Office

Event/Project Name		Type (I.e., Meeting, Service)	
---------------------------	--	---	--

Date & Time	Date: ___/___/___ Time begin: ___AM ___PM Time end: ___AM ___PM If recurring... Frequency: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat End date: ___/___/___		
------------------------	---	--	--

Event Sponsor:	<input type="checkbox"/> Ministry <input type="checkbox"/> Member <input type="checkbox"/> Organization <input type="checkbox"/> Other Name: _____	Contact Name: _____
-----------------------	---	---------------------

Email: _____	Contact #: _____
--------------	------------------

Requested Space	Projected Attendance		
	<input type="checkbox"/> Community Life & Learning Center Lady Ar's Café • Seating Capacity 200	<input type="checkbox"/> Community Life & Learning Center Gymnasium	
	<input type="checkbox"/> Main Sanctuary Seating Capacity 600	<input type="checkbox"/> Upstairs Fellowship Hall Seating Capacity 260	
	<input type="checkbox"/> TCVC Classroom	<input type="checkbox"/> TCVC Boardroom	<input type="checkbox"/> Community Life & Learning Center Classroom

Equipment Requested:	<input type="checkbox"/> Easel <input type="checkbox"/> Projector Screen <input type="checkbox"/> Projector <input type="checkbox"/> Audio/Sound (<input type="checkbox"/> Microphone <input type="checkbox"/> CD Player <input type="checkbox"/> DVD Player <input type="checkbox"/> Video Camera (for Sanctuary only) <input type="checkbox"/> Other (Please List)
-----------------------------	--

Proposed Budget	Total Estimated Cost \$ _____ Total Estimated Income \$ _____ To the best of your knowledge, is this event within your current ministry budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	---

MINISTRY ASSISTANCE

- | | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Deacons | <input type="checkbox"/> Security | <input type="checkbox"/> Ushers | <input type="checkbox"/> SWAT | <input type="checkbox"/> Music |
| <input type="checkbox"/> Media/Video | <input type="checkbox"/> Audio/Sound | <input type="checkbox"/> Culinary | <input type="checkbox"/> Greeters | <input type="checkbox"/> Ministerial Support Staff |

PUBLICITY REQUEST

- | | |
|---|--|
| <input type="checkbox"/> E-Blast <input type="checkbox"/> Social Media (i.e. Facebook) <input type="checkbox"/> TCVC Website
<input type="checkbox"/> Churches/Groups (please attach list and draft of invitation) invite) | <input type="checkbox"/> Sunday Announcements <input type="checkbox"/> Promotion\Registration in Lobby
Refer To Announcement Form |
|---|--|

Who is your target audience? TCVC Church Family Community Other _____

Administrative Authorization Use Only

Administrative Team Comments _____

Administrative Team Signature _____

Senior Pastor Signature _____