

# New Beginnings Ministry Event Form

Date of Request: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Event Information:

Event Name: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ Location/Room# \_\_\_\_\_ Time: \_\_\_\_\_  
Person in Charge of Setup & Cleanup: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Person to Unlock & Lock doors: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Additional Services Needed:

Childcare: \_\_\_\_\_ Anticipated # of Children: \_\_\_\_\_  
Audio/Visual Support: \_\_\_\_\_  
Type of A/V support required \_\_\_\_\_

*Contact Sam Brooke @ 678.619.6116 for AV arrangements*

## Advertising:

Bulletin Insert: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_  
Bulletin Announcement: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_  
Lobby Display: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_  
Newsletter: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_  
Other: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_

*Information for bulletin/flyers/newsletters/other should be emailed to [communications@newbeginningsmc.org](mailto:communications@newbeginningsmc.org)*

## Financial Info:

Will this event require funding? \_\_\_\_\_  
If so, how will it be funded? \_\_\_\_\_  
Participants \_\_\_\_\_ Cost per person: \_\_\_\_\_  
Ministry Budget: \_\_\_\_\_ Estimated Budget Request: \_\_\_\_\_  
Donations, Fundraisers, Sponsorships: \_\_\_\_\_ **Attach details**

## Additional Info:

\_\_\_\_\_  
\_\_\_\_\_

## Office Use Only:

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Requested Space Available: \_\_\_\_\_ *Initial* \_\_\_\_\_ Date: \_\_\_\_\_  
Added to Church Calendar: \_\_\_\_\_ *Initial* \_\_\_\_\_ Date: \_\_\_\_\_  
Replied to Request: \_\_\_\_\_ *Initial* \_\_\_\_\_ Date: \_\_\_\_\_