New Beginnings Non-Ministry Event Form

(Church Council Approval Required)

| 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: | | |
| Audil Visual Support: | | _ | | |
| Type of A/V support required: | | | | |
| | Contact Sam Prooks | e at 678.619.6116to arr | ranga for AV | |
| Advertising: | Contact Sum Brooke | e at 078.019.0110t0 arr | unge joi Av | |
| Bulletin Insert: | | Date(s) Needed: | | |
| Bulletin Announcement: | | Date(s) Needed: | | |
| Lobby Display: | | Date(s) Needed: | | |
| Newletter: | | Date(s) Needed: | | |
| Other: | | Date(s) Needed: | | |
| Information for bulletin/flyers/newsle | tters/other should be | | ations@newbeginningsmc.org | |
| min and the fire | | | | |
| Financial Info: | | | | |
| Will this event require funding? | - | _ | | |
| If so, how will it be funded? | - | _ | | |
| Participants | - | Cost per person: Estimated Budget Request: | | |
| Ministry Budget: Donations, Fundraisers, Sponsorships: | | Attach details | | |
| Donations, Fundraisers, Sponsorsinps. | | | ch 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: | |
| Approved by: | | | | |
| , | | (Church Council Chairperson) | | |

Ministry Event Form Revised 03/25/24