New Beginnings 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: | | | |
| | Contract Alone Burch | 270 770 0202 for AV | / |
| Advertising: | Contact Alan Puch (| @ 770.778.9362 for AV | arrangements |
| 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 |
| | | | |
| 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: | | _ Atto | ach details |
| Additional Info: | | | |
| | | | |
| | | | |
| Office Use Only: | | | Data |
| Request received by: | | | Date: |
| Requested Space Available: | | Initial | Date: |
| Added to Church Calendar: | | Initial | Date: |
| Replied to Request: | | | Date: |
| Approved by: | | (Church Council Cl | hairnerson) |
| | (Church Council Chairperson) | | |

Ministry Event Form Revised 8/5/24