

EVENT PLANNING INFORMATION FORM

Name of Event: _____

Event Date(s): _____

Group /MT / person(s) event is for: _____

Submitted by: _____ On (date): _____

Contact Name(s) (if different than above): _____

Phone(s): _____ E-Mail: _____

Ministry Team(s) Responsible (if different than above): _____

Leadership Team Member Responsible: _____

Requested Room(s) / Resource(s): _____

Time of Actual Event: ____:____ AM / PM to ____:____ AM / PM

Time Room(s) Requested for (this includes ALL set up and break-down time): ____:____ AM / PM to ____:____ AM / PM

Requested Room Set Up: _____

AV/Media Needs: _____

Will food be served? no yes, describe (catered, etc., and by whom): _____

Will money be collected? no yes

Will you need: money bag, how many? _____ cash box, how many? _____ none needed

Will you need change? yes, type: _____ for a total of \$ _____ in change none needed

Estimate to be collected: \$ _____

Purpose of money collected: to defray costs to pay for whole event to make profit
 other (please explain): _____

Who will be authorized to collect this money (list ALL authorized persons):

When will the money be turned in to the Financial Administrator? as collected upon completion of event

Money must be turned in to the Financial Administrator within 24 hours of the event. For weekend events, prior arrangements to secure collected money must be made with the Financial Administrator.

Are there expenses involved? no yes, Projected total cost \$ _____

Is this a budgeted expense? no yes, Account# _____

Will you need a check written before the event? no yes, specify details in Special Instructions section below

Will scholarships be offered? no yes, specify: _____

What if someone does not pay? _____

Review funds for the event—will they be accounted for on St. John's financial records? no yes

Special Instructions/Needs: _____

Additional comments/concerns: _____

STEP 1: Supervisor Review and Approval

Approved by (initials) _____ DECLINED

STEP 2: Financial Administrator Review and Approval

Approved by (initials) _____ DECLINED

STEP 3: Scheduling Review and Approval

Approved by (initials) _____ DECLINED

STEP 4: Leadership Team Review and Approval

Approved by (initials) _____ DECLINED

STEP 5: Supervisor Informs of Approval/Decline, or Approved/Declined Appears in Leadership Team Notes to Staff