

Special Event Proposal Request

Section 1: Contact & Ministry Information

Name:	<input type="text"/>	Today's Date:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Ministry:	<input type="text"/>	Ministry Director:	<input type="text"/>

Event Type

- 1 Day/Night Conference
 Multiple Days/Night Conference
 Fine Arts Performance
 Banquet
 1 Day/Night Revival
 Multiple Days/Night Revival
 Concert/Musical
 Workshop
 Prayer Breakfast
 Fishing/Camping Trip
 Fashion Show
 Other: _

Name of Event:	<input type="text"/>	Theme:	<input type="text"/>
Purpose:	<input type="text"/>		

Day(s) of Event:

- Mon
 Tues
 Wed
 Thurs
 Fri
 Sat
 Sun

Event Date

Event Times

Start

End

Name of Off site Location:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>

- On site (please indicate room request below)

Room Name	Location	Room Type	Seating Capacity
<input type="checkbox"/> CR1	Conference Room 1 Main Building Lobby	Conference Room	1-Conference Table 6 - Chairs
<input type="checkbox"/> CR2	Conference Room 2 Ministry Resource Center	Conference Room	2 - Table 4 - 5 Chairs
<input type="checkbox"/> CR3	Conference Room 3 Multi-Purpose Room	Conference Room	1 - Conference Table 6 - Chairs @ Table 15 Chairs total in room
<input type="checkbox"/> CR4	Executive Conference Upstairs	Conference Room	1 - Conference Table 8- Chairs
<input type="checkbox"/> MPR	Multi-Purpose Room Main Building - MP	Theater Style	700 Max occupancy
<input type="checkbox"/> TCR	Totally Connected Main Building - Gym	Classroom - No Tables	30 - 35 w/o table setup ~20 w/tables
<input type="checkbox"/> MR	Ministers Room Main Building - Gym	Classroom - No Tables	30 - 35 w/o table setup ~20 w/tables
<input type="checkbox"/> CR	Chior Room Main Building - Gym	Classroom - No Tables	50 w/o table setup ~20 w/tables
<input type="checkbox"/> GYM	Gymnatorium Main Building	Theater Style	1765 Max occupancy
<input type="checkbox"/> FLC	Family Life Center	Classroom	25 Chairs
<input type="checkbox"/> ETC	Education Training Center	Classroom	75 Chairs w/ Tables

Section 2: Ministry Requests

Ministry Department	Specification
Live Audio <input type="checkbox"/> Speaker Mic Qty: <input type="checkbox"/> Singer Mic Qty:	
Studio/Video Video Taping <input type="checkbox"/> Yes <input type="checkbox"/> No Audio Taping <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stage & Lighting *responsible for props and moving of equipment* Props <input type="checkbox"/> Yes <input type="checkbox"/> No Podium <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organist Organist <input type="checkbox"/> Yes <input type="checkbox"/> No Keyboardist <input type="checkbox"/> Yes <input type="checkbox"/> No Drummer <input type="checkbox"/> Yes <input type="checkbox"/> No Bassist <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Arts Choir <input type="checkbox"/> Yes <input type="checkbox"/> No Praise Team <input type="checkbox"/> Yes <input type="checkbox"/> No Praise Dancers <input type="checkbox"/> Yes <input type="checkbox"/> No Special Ensemble <input type="checkbox"/> Yes <input type="checkbox"/> No GOP Youth Choir <input type="checkbox"/> Yes <input type="checkbox"/> No Youth Praise Dancers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Support Event Staff <input type="checkbox"/> Yes <input type="checkbox"/> No Ushers <input type="checkbox"/> Yes <input type="checkbox"/> No Greeters <input type="checkbox"/> Yes <input type="checkbox"/> No Deacons <input type="checkbox"/> Yes <input type="checkbox"/> No Health Professionals <input type="checkbox"/> Yes <input type="checkbox"/> No Parking Lot Attendants <input type="checkbox"/> Yes <input type="checkbox"/> No Bookstore (Cash Sales) <input type="checkbox"/> Yes <input type="checkbox"/> No	Qty: _ Qty: _ Qty: _ Qty: _ Qty: _ Qty: _ Qty: _ Qty: _ *If event staff is needed please follow the <i>Event Checklist</i> located under forms* * If items are to be sold in the bookstore please complete a <i>Bookstore Inventory Agreement form</i> located under forms*
Notebook Announcement Notebook Announcement <input type="checkbox"/> Yes <input type="checkbox"/> No Song Show Announcement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advertisement Flyers <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Blast <input type="checkbox"/> Yes <input type="checkbox"/> No	
Decorations : If requesting please specify the type, color and quantity needed.	

Current Balance (Ministry Account)

Income	Projected	Actual
Anticipated Attendance		
Cost of Attendance (if any)		
Income from Attendance		
Offering to be raised		
Other source of income		
Total Income		
Expenses		
Facility Rental		
Advertisement / TV / Radio		
Mailout		
Printing & Publishing (Flyers, Postcards)		
Decor		
Catering		
Misc. Supplies		
Hospitality Needs		
Hotel 1		
Travel 1		
Hotel 2		
Travel 2		
Guest Speaker 1 (Honorarium)		
Guest Speaker 2 (Honorarium)		
Musician 1 (Honorarium)		
Musician 2 (Honorarium)		
Total Expenses		
Profit / Loss		

CFO Budget Approval

Date

CFO Comments

Section 4: Pre-Authorization / Understanding

Ministry Director Pre-Authorization

Ministry Director	<input type="text"/>	Email	<input type="text"/>
-------------------	----------------------	-------	----------------------

By signing below, I have reviewed and approved this meeting request and agree to provide leadership, oversight, and support of the outlined request.

Signature: _____ Date: _____

Understanding

My initials below indicate that I understand the following procedure for an event request:

1. Complete this form & submit it to Administration
2. DOM will submit the request to the MFM Leadership Team for approval
3. (Please note: all requests are reviewed each **Tuesday** by Leadership Team)
4. Approval Notification: Once approved this form along with confirmation will be returned to your ministry mailbox and the above ministries will be notified by our office of your request
5. Denied Notification: If your request is denied, this form along with a brief explanation below will be returned to your ministry mailbox

THREE MONTHS IN ADVANCE

Please email the following information to events@mfmnv.org:

- o The approved MFM Special Events Proposal Request form
- o The contact information for previous and/or potential corporate sponsors/community partners.
- o Please include the type of donation, the quantity needed and its use (if applicable)
- o A detailed menu (if applicable)
- o A tentative event program/agenda
- o Please include the time the doors will be open (if applicable)

____ Initials Date: _____

Section 5: Administrative Approval

____ Approved ____ Denied ____ Approved with modifications (see comments below)

DOM Signature: _____ Date: _____

CFO Signature: _____ Date: _____

Comments:

Section 6: Checklist for Ministry

Who will open for event

What time

Who will lock up after

What time

Who will setup/teardown

If using lobby how many tables are needed

Other items needed; ie. popcorn maker, hot dog maker, etc.

Special Seating (MPR Only) Stadium, classroom, etc.