

## EUPC EVENT REQUEST FORM

**For all Ministry Events:** Request form must be completed and returned at least six weeks prior to the event. Requests taken by phone will need to complete/submit a form. **Do not commit to a date or contract until the request is approved!** If the event involves promotion, please allow eight weeks for events requiring registration to reach the intended audience.

EVENT INFORMATION		
EVENT NAME	DATE OF EVENT	ALTERNATE DATE
EVENT COORDINATOR/KEY CONTACT NAME		BEST PHONE NUMBER
BEST EMAIL ADDRESS		EVENT BUDGET AMOUNT <i>(No event will be approved without budget). Attach copy.</i> \$

HOW DOES THIS EVENT SUPPORT OUR VISION? *(Attach another sheet for additional space)*

WHAT IS THE MAIN PURPOSE? <ul style="list-style-type: none"> <li><input type="checkbox"/> Worship</li> <li><input type="checkbox"/> Workshop</li> <li><input type="checkbox"/> Fellowship</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Outreach</li> <li><input type="checkbox"/> Fundraiser</li> </ul>	TARGET POPULATION <ul style="list-style-type: none"> <li><input type="checkbox"/> Community</li> <li><input type="checkbox"/> Congregation</li> <li><input type="checkbox"/> Children/Youth</li> <li><input type="checkbox"/> Young Adults</li> <li><input type="checkbox"/> Men/Women</li> <li><input type="checkbox"/> Seasoned Saints</li> <li><input type="checkbox"/> Other _____</li> </ul>
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**Description of Event (can be used in all publicity):** *What will you be doing? Why should people come? Who should come? (Attach another sheet for additional space)*

## LOCATION

- Sanctuary
- Fellowship Hall
- Sanctuary/Fellowship Hall/Kitchen Area
- Fellowship Hall/Kitchen
- Gymnasium

- Conference Room
- Classroom
- Nursery
- Youth Center
- Other: \_\_\_\_\_

Approximate number of people expected to attend \_\_\_\_\_

Setup Time (*This is the time you intend on setting up the space*) \_\_\_\_\_

Event Start Time \_\_\_\_\_

Event End Time \_\_\_\_\_

Breakdown Time (*This is the time you intend on breaking down the space*) \_\_\_\_\_

Is advance registration required?    YES    NO

Is participation limited?    YES    NO

Registration Start Date \_\_\_\_\_

Registration End Date \_\_\_\_\_

Cost per person \$ \_\_\_\_\_

Deadline for Payment \_\_\_\_\_

Are release or permission forms needed?    YES    NO

## RESOURCE NEEDS

- Music Ministry
- Audio/Sound
- Multimedia
  - Screens    Television
- Guest Speaker(s)   Name: \_\_\_\_\_
- Podium
- Music Instruments (*Select all that apply*)
  - Keyboard    Grand Piano    Rodgers Organ    Drums    Hammond B3)
- Additional Tables (i.e. Registration or materials)

- Decorations
- Walkie Talkies
- Collection Bins
- Church Van(s)
- Short Term Storage (room or refrigerator/freezer)
- Space to sort/stuff/package/distribute
- Facility/Transport/Pick-up of Items
- Projector
- Photo/Video and Other

Please specify \_\_\_\_\_

- None of the above

**MARKETING/COMMUNICATION**

- Advertising - **(All marketing materials must be approved by the Pastor)**
  - Copying  
*(The church will charge \$.10/page for copes over 50)*
  - Flyer- (Ministry will submit verbiage and image(s) for flyer)
  - None of the above

How would you like this event to be advertised?

- Eblast
- Social Media
- Newsletter
- Video Announcements
- All of the above

**AUDIO VISUAL / TECHNOLOGY NEEDS**

**Does your event require an A/V Specialist? If so, what service will you need?**

**Consider the following for your program**

**Will there be a PowerPoint presentation?**  YES  NO

*Be prepared to send final presentation to [eupcmmedia135@gmail.com](mailto:eupcmmedia135@gmail.com) 72 hours in advance of your event.*

**Will a DVD or CD be played?**  YES  NO

**Will you need a Microphone?**  YES  NO

**Is music or video being played?**  YES  NO

**Post Event Media:**  **Recap Video**  **Event Video**  **Photos** *(Check all that apply)*


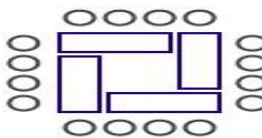
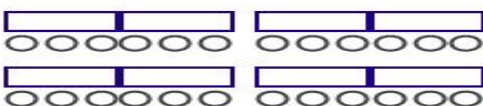


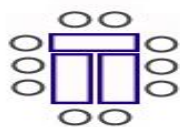
**Delivery?**  DVD  CD  Digital Download *(Check all that apply)*

**FACILITY SET-UP**

**Number of rooms needed:** \_\_\_\_\_ **Number of tables:** \_\_\_\_\_ **Number of chairs:** \_\_\_\_\_

**Room Set-up: (Please check one)**

**Setup Type Guide**

<p><b>Theater Style</b> Rows of chairs facing the front of the room.</p>  <p>*Podium and tables at the front and back of room included.</p>	<p><b>Square-Shape Style</b> Tables and chairs in a square.</p> 	<p><b>Classroom Style</b> Rows of tables and chairs.</p>  <p>*Podium and tables at the front and back of room included.</p>
<p><b>Cafeteria Style</b> Rows of tables with seating on both sides.</p> 	<p><b>Banquet Style</b> Chairs around tables.</p>  <p>(Square) (Round)</p>	<p><b>Conference Style</b></p> 

**Consider the additional needs:** *(Attach another sheet for additional space)*

**VOLUNTEER NEEDS**

Please provide a description of what is required of all volunteers. \_\_\_\_\_

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

**Volunteers**

How many volunteers are needed? \_\_\_\_\_

**Childcare** *(All volunteers working with children must submit to a background check)*

How many children are expected? \_\_\_\_\_

What are the expected ages? \_\_\_\_\_

Childcare Donation \$ \_\_\_\_\_

**Ushers**

**Greeters**

**Security**

**Other** \_\_\_\_\_

**PASTORAL OFFICE APPROVALS**

**All preachers/speakers/presenters REQUIRE pastoral approval.**

**Will you have a guest speaker?**

Is this person a member of the clergy?  YES  NO

Is this person local?  YES  NO Will they need transportation?  YES  NO

Will they require lodging?  YES  NO

What is your budget for honorarium/fees/gifts? \$ \_\_\_\_\_

Other Invited Guests (Dancers, Singers, Artists, etc.)

Name: \_\_\_\_\_

Activity: \_\_\_\_\_

**Will you be seeking sponsorships/donations?**

What kind of donations are you seeking? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*AUTHORIZED MINISTRY LEADER*

**FOR OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_