

# Saint John Baptist Church Event Proposal

Please complete entire form and submit to the Program Coordinator and Pastor for review at least 3 months before your program is scheduled. You will receive a status update within 30 days of your submission if the event has been approved on the official church calendar. If your event has not been approved on the official church calendar, you will receive a status update within 10 days after the next regularly scheduled church meeting.

## GENERAL INFORMATION

Please select all that apply.

What aspect of the church's goals are supported with your proposed event?

- Worship**    **Learning**    **Evangelism**    **Teaching**  
 **OTHER**   **Please specify:**

Please select one event type below. Note the submission requirements.

- Open Event**-Targeted members of the church and community will be invited.  
 **Closed Event**-Only members of a church ministry will be invited.  
 **Church-wide Event**-Entire church and community will be invited.

Complete all fields.

**Name of Ministry:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_      **Contact Email** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Type of Event:**

- Conference                       Special Worship Service                       Class/Workshop  
 Retreat                               Fellowship/Social Function                       Meeting  
 Other \_\_\_\_\_

**Date(s) Scheduled on Church Calendar:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_      **End Time:** \_\_\_\_\_

**Admission Requirements:**    Registration       Sign-up    None    Other \_\_\_\_\_

How does this event promote the vision and mission of SJBC?

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Provide a brief description of the event you are planning. Include schedule.

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**GOALS** (What do you plan to accomplish?)

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**MINISTRY SUPPORT AND INVOLVEMENT**

Please check the SJBC ministries needed to facilitate this event:

- Choir      Ushers      Kitchen Staff      Kitchen      Hostesses  
Other      Please indicate

When approved, please contact those ministries.

**PROGRAMMING**

List all proposed special guests for this event.  
(Speakers, Musical Guests, Performing Artists)

These **MUST** be approved.

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**MARKETING**

What type of marketing are you proposing?     Flyers     Letter  
 Press Release                       Announcement     Other: \_\_\_\_\_

**ADMINISTRATION**

Are there any special needs from the Administrative office?     Yes     No  
 Office Supplies                       Copies                       Postage                       Other

**AUDIO/VISUAL**

Does your event require audio/visual support?     Yes                       No     Sound Recording

**BUDGET**

Please detail what monies you will need to sponsor this event. Consider the following:

\$ \_\_\_\_\_ Speaker/Musician Fees                      \$ \_\_\_\_\_ Food

Other \$ \_\_\_\_\_    \$ \_\_\_\_\_  
          \$ \_\_\_\_\_    \$ \_\_\_\_\_



**AUTHORIZATION**

\_\_\_\_\_ Signature of Program Coordinator                      \_\_\_\_\_ Date

\_\_\_\_\_ Signature of Pastor    \_\_\_\_\_ Date

**Event Proposal Status:**

- Event is Approved/Date: \_\_\_\_\_
- Advisement Required/Date: \_\_\_\_\_
- Event is not-approved/Date: \_\_\_\_\_
- Revisions Required/Date: \_\_\_\_\_
- Approved for 2012: \_\_\_\_\_