## St. Aidan's Episcopal Church Event Planning Form

| Name of Event Coordinator:                    |      |
|---|------|
| Phone Number:                                 |      |
| Email:  |      |
| Names of others who will be                   |      |
| helping/committee members involved:           |      |
| The Purpose of Your Ministry/Ev               | vent |
| What is the purpose of your                   |      |
| ministry/event? (the more detail, the better) |      |
| How does this support our mission             |      |
| statement to know Christ and make him         |      |
| known?  |      |
| Description of this Ministry/Ever             | nt   |
| Name of the ministry or event?                |      |
| What vestry pod does your ministry fall       |      |
| under? Have you spoken with a vestry          |      |
| member about this ministry/event?             |      |
| What do you plan to do?                       |      |
| Who is it for and how many people do you      |      |
| hope will participate?                        |      |
| The Logistics of Your Ministry/Ev             | vent |
| What are the proposed date(s) and time(s)     |      |
| (include set up and take down time.)          |      |
| Will the event be happening at St. Aidan's?   |      |
| If so, which rooms would you like to use?     |      |
| (Name all areas needed.)                      |      |

| Will you need the kitchen? Will you need kitchen supplies such as plates, napkins, cups, silverware, or coffee supplies?   |   |
|--|---|
| Will you need sound or video for your event? If so, do you have a St. Aidan's-trained and approved person already designated to help with sound, or do you need help finding a person for this role?                     |   |
| Do you plan to have childcare? If so, do you already have workers designated who are Safeguarding God's Children trained and approved as childcare workers? Do you need help finding these people?                       |   |
| Who will make sure the facility is put back in order at the end of the event or ministry (clean and re-organize the rooms used, take out excessive trash, clean dishes, set alarm and lock doors)?                       |   |
| Publicity for this Ministry/Even   | t |
| Have you created flyers for this event? Do you need them printed? Have you coordinated with Kori about placement around the church?  |   |
| Do you want this event to go into the church bulletin and weekly email update? If so, please write a blurb you would like included. It will be published for 3 weeks at the maximum, please keep it to 50 words or less. |   |
| Do you plan to have signups? Do you want to leave your signup on a table in the Parish Life Center? Have you requested table use in the folder in the lobby of the Parish Life Center?                                   |   |

## **Ministry and Event Planning Form Expense Worksheet**

What are the likely costs for this event?

What will be the impact of this event on

that particular budget line?

|         | Item  | cost |
|---------|---|------|
| 1       |   |      |
| 2       |   |      |
| 3       |   |      |
| 4       |   |      |
| 5       |   |      |
| 6       | T : 15 . 10 .   |      |
|         | Total Expected Cost:  |      |
| parti   | much do you plan to charge cipants for this event?  d on your estimated number of |      |
| atter   | ndees and the amount you plan to  |      |
|         | ge, will this event cost more than  |      |
| the a   | mount brought in by participants?   |      |
| If it v | vill cost more than the amount  |      |
| brou    | ght in by participants, how do you  |      |
| plan    | to fund the difference?   |      |
| ۱۲ -    |   |      |
| -       | u are planning to use a ministry get line, who is the person                      |      |
| _       | onsible for that ministry budget  |      |
| -       | and do you have permission from   |      |
|         | person responsible for that budget  |      |
| line?   |   |      |