



THE FOUNTAIN
OF NEW LIFE

Wayne Lomax, Pastor

TFONL Event Process

- **Step One:** Complete the Event Date Request Form and Event Budget Form and submit it to your Team Leader for review and signature.

- **Step Two:** After your Event Date Request Form has been signed by your Ministry Team Leader, submit the form to the “Event Request Forms” submission box in the ministry office.

- **Step Three:** The form will then be reviewed for approval by the Lead Staff Team. The appropriate ministry assistant will provide an approval or denial response for the date and/or event.

- **Step Four:** Complete Action Plan Form Checklist.

*This packet must be submitted at least 90 days prior to the requested date.



EVENT REQUEST FORM

TFONL FOCUS: Worship, Growth Groups, Children, Youth, Young Adults & Service

***Please complete the form in its entirety.**

I. Tell Us About Your Event! Ministry: _____

Event Date: _____ Start Time: _____ End Time: _____

(Set-up Date: _____ Start Time: _____ End Time: _____)

Event Name: _____ Expected Attendance: _____ Budget: _____

Purpose of Event: _____

Brief Description of Event: _____

Event Goals / Outreach Component: _____

II. Event Tools: (Check All That Apply)

COMMUNICATIONS / COLLATERAL NEEDS:			
Outreach Publicity:	<input type="checkbox"/> Social Media	<input type="checkbox"/> PSA	<input type="checkbox"/> Radio
	<input type="checkbox"/> Palm Cards	<input type="checkbox"/> Email Blast	<input type="checkbox"/> Online Registration
	<input type="checkbox"/> Presentation	<input type="checkbox"/> Voiceover	<input type="checkbox"/> Other _____

III. Budget: (Check All That Apply)

EVENT BUDGET				
Expenses:	<input type="checkbox"/> Marketing	<input type="checkbox"/> Decoration	<input type="checkbox"/> Permits	<input type="checkbox"/> Police Officers
	<input type="checkbox"/> Food	<input type="checkbox"/> Supplies	<input type="checkbox"/> Vendors	
	<input type="checkbox"/> DJ	<input type="checkbox"/> Giveaways	<input type="checkbox"/> Other _____	

Income:	<input type="checkbox"/> Tickets	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Vendors	
	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Donations	<input type="checkbox"/> Sales	<input type="checkbox"/> Other _____

Sign and date on the back

IV. Room Setup

IV. Style (For custom design please attach your layout)

Number of Tables: _____

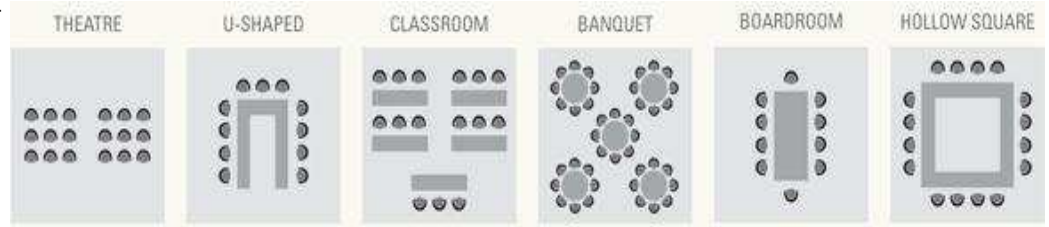
Rectangular: _____

Circular: _____

High Boys: _____

Number of Chairs: _____

Chairs per table: _____



Tablecloth / Linen Color: _____

V. Room/Space Request (Check all that apply)

Large Rooms	Mid Sized Rooms	Small/Meeting Rooms	Other Spaces
___ Sanctuary	___ Grace Room	___ Peace Room	___ Front Lobby
___ Fellowship Hall	___ Korah Room	___ Faith Room	___ West Lobby
___ Joy Room	___ HYDRO Lounge	___ Joshua Room	___ Parking Lot
	___ Creation's Cove		___ Glass Table (s)
(more than 40 people)	(less than 40 people)	(less than 20 people)	

VI. Event Support

A. This event will need:

- ___ Flip Charts
- ___ Handout/Copies
- ___ Hospitality (Linen Services)
- ___ Microphone
- ___ Music (Sound System)
- ___ Podium
- ___ Program/Bulletin
- ___ Projector
- ___ Radio/CD Player

B. This event will have:

- ___ Event Tickets
- ___ Guest Speaker
- ___ Vendors
- ___ Offering
- ___ Food

C. Outreach:

- ___ Community
- ___ Local Church
- ___ Growth Group
- ___ Men, Women, & Couples
- ___ Hydro & Spring

of Attendees _____

Ministry Support (Check all that apply)

- ___ Administration ___ Choir(s) ___ Dance ___ Greeters ___ Multi-Media
- ___ Parking Lot ___ Malachi ___ Ushers ___ Counselors ___ Security

BE SURE TO FILL OUT ALL PORTIONS OF THIS FORM BEFORE SUBMITTING.

Please note: The submission of this form does not guarantee approval. Responses will be emailed.

Ministry Leader Name: _____ Ministry Leader/Chair Signature: _____

Person Requesting Name: _____ Requestor's Cellphone: _____

Email: _____ Date Submitted: _____

Team Leader Name: _____ Team Leader Signature: _____
(please print)

Internal Use Only:

Approved? Yes No Name: _____ Date: _____

Signature: _____

TFONL Action Plan Checklist

TFONL FOCUS: Worship, Growth Groups, Children, Youth, & Service

Each Event Packet will include the following items:

<u>Action Items</u>	<u>Contact Person</u>	<u>Due Date</u>
1. Purchase Orders		
2. Check Request Forms		
3. Program / Handouts		
4. Registration / Lobby Date		
5. Multi Media		
6. Agenda		
7. Music		
8. Check In		
9. Setup / Décor Staging		
10. Food		
11. Marketing		
12. Photographer		
13. Security		
14. Gifts / Giveaways		
15.		
16.		

Important Note

Submit all payment request forms for all vendors and purchases 3 weeks in advance.



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Event Budget Form

TFONL FOCUS: Worship, Growth Groups, Children, Youth, & Service

Name of Ministry	Event Title	Budget Request	Approved Budget
		\$	\$

EXPENSES

	Categories	Description	Estimated
1.	Food		
2.	Décor		
3.	Gifts		
4.	Supplies		
5.	Marketing		
6.	Guest Honorarium		
7.	Photography		
8.			
9.			
Total Request			

If more categories are need please submit a second event budget form.