**Canaan Baptist Church**

**Event Plan and Requisition**

Canaan Ministry Leader: Please complete and submit this form to the Church Office at least four weeks before the event date to ensure adequate time for comprehensive event planning, scheduling, collaboration, review and approval.

**Event Details**

|  |  |
| --- | --- |
| **Event Title:** |  |
| **Theme / Scripture:** |  |
| **Event Date:** |  |
| **Event Time:** |  |
| **Event Location/room:** |  |
| **Ministry:** |  |
| **Ministry Leader:** |  |
| **Event Coordinator Phone/Email:** |  |
| **Event Purpose:** |  |
| **Expected Attendance:** |  |

**Estimated Expenses**

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Cost** |
| **Catering** |  |  |
| **Decorations** |  |  |
| **Other** |  |  |
| **Total** |  |  |

**Culinary / Catering**

|  |  |
| --- | --- |
| **Menu:** |  |
| **Service Provider:** |  |
| **Service Time:** |  |

**Facilities**

|  |  |
| --- | --- |
| **Room Specification:** |  |
| **Room Setup:** |  |
| **Decorations:** |  |
| **Staff:** |  |

**Hospitality**

|  |  |
| --- | --- |
| **Volunteers Needed:** |  |
| **Number of Volunteers:** |  |

**Marketing and Promotion**

|  |  |
| --- | --- |
| **Flyer/Poster Development:** |  |
| **Social Media:** |  |
| **Mass Email:** |  |
| **Website:** |  |
| **Worship Announcements:** |  |
| **Marquee/Sanctuary Projection:** |  |
| **Robo Call:** |  |
| **Monthly Newsletter:** |  |
| **Other:** |  |

**Media**

|  |  |
| --- | --- |
| **Microphone(s):** |  |
| **Projectors/Screens:** |  |
| **Recording/Live Streaming:** |  |
| **Music Instruments:** |  |
| **Music Video/Audio:** |  |
| **AV Support Personnel:** |  |

**Event Plan Submission**

|  |  |
| --- | --- |
| **Ministry Leader Submitted By/Date:** | **Received in Church Office By/Date:** |
| **Church Calendar / Facility Date Available?**  **🗌 Yes 🗌 No** | **Verified By/Date:** |
| **Expenses Approved By: N/A**  **Trustee Ministry** | **Culinary/Catering Reviewed By/Date: N/A** |
| **Facilities Reviewed By/Date:** | **Hospitality Reviewed By/Date: N/A** |
| **Marketing Reviewed By/Date:** | **Media Reviewed By/Date:** |
| **Event Plan Approved By/Date:**  **Pastor (or Designee)** |  |
| **Remarks:** | |