

ALDERSGATE

UNITED METHODIST CHURCH
EVENT PLANNER FORM

Guidelines: This form must be turned in to the Administrator, at least **6 weeks** prior to your event.

BASIC INFORMATION

Submitted By:	Date Submitted:
Event Name:	
Event Description:	
Event Date:	to:
Event Time:	to:
Location(s):	
Contact:	
Phone/Email:	
Volunteers Involved:	
Pastor(s) Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes, please list)	
Ministry/ Department:	

FINANCIAL INFORMATION

INCOME	
Are you collecting money? Yes <input type="checkbox"/> No <input type="checkbox"/> Will this be a fundraiser? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tickets: \$ _____ per adult	x _____ adults = \$ _____
\$ _____ per child	x _____ children = \$ _____
\$ _____ per family	x _____ family = \$ _____
Other Income (be specific) _____ = \$ _____	
Total Projected Income: = \$ _____	
Dollar amount needed upfront: \$ _____ (must be approved by Finance Committee)	

Please complete both sides of this form.

EXPENSES
Will you have expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, estimate your costs: \$ _____
Where to be expensed (budget) :
Contractual Expenses (speaker, rental, band, facilities, etc.) = \$ _____ If more than one expense, please itemize on a separate sheet of paper.
Supplies: = \$ _____
Food/Refreshment/Banquet: = \$ _____
Other (be specific) _____ = \$ _____
Signed agreements must be submitted to the Business Office prior to event.
Total Projected Expenses: = \$ _____
PROMOTION AND ADVERTISING
Bulletin Announcement (runs 2-3 weeks depending on space): Yes <input type="checkbox"/> No <input type="checkbox"/>
Newsletter Announcement (runs one month depending on space): Yes <input type="checkbox"/> No <input type="checkbox"/>
Newspaper Announcement: Augusta Chronicle <input type="checkbox"/> Metro Spirit <input type="checkbox"/>
Screen Slide Show (Power Point in Worship) Yes <input type="checkbox"/> No <input type="checkbox"/> (Runs 2 to 3 weeks)
Website Announcement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance Pad Flyer: Yes <input type="checkbox"/> No <input type="checkbox"/> Email Newsletter: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hallway/Around the Church Flyers (runs 2 weeks): Yes <input type="checkbox"/> No <input type="checkbox"/>
WNS Table Display: Yes <input type="checkbox"/> No <input type="checkbox"/> Flyers around the Church: Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcard/Invitation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Need lobby table or space, call church office for availability. There is a limit of <u>one table</u> in the lobby of the Family Life Center or Sanctuary on a given Sunday for a <u>maximum of three</u> consecutive weeks.

OTHER INFORMATION
Food Service Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Reservations: Yes <input type="checkbox"/> No <input type="checkbox"/> Final Date: _____
Transportation: Yes <input type="checkbox"/> No <input type="checkbox"/> Van Only <input type="checkbox"/> Bus Only <input type="checkbox"/> Bus/Van: <input type="checkbox"/>
*Childcare Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____ Age Range: _____
Honorarium or Stipend: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? _____
*Sound Tech Need: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____
*(Additional fees for Sound and Childcare may be required if not an AUMC event)

FOR OFFICE USE ONLY
Meeting Room(s) Assigned: _____
Building Key Given To: _____ Returned on: _____
Recorded on Church Calendar By: _____
Copies To: <input type="checkbox"/> Administrator <input type="checkbox"/> Communications <input type="checkbox"/> Staff (FYI) <input type="checkbox"/> Requester <input type="checkbox"/> Nursery Director <input type="checkbox"/> Other: _____

Please complete both sides of this form.