



Proposal for Event Form

Please note: Your event has been approved only when a signed copy of this form by the pastor, deacon and secretary has been returned to you. Please note the date for which you've been approved. This will be the date marked on the Church calendar. If you haven't been approved please see the comments and adjust accordingly.

Name of Ministry: _____

Contact Person: _____ Telephone #: _____

(Please provide the number where you can best be reached)

Type of Event: *(Please briefly describe the type of event and its purpose. Include the benefit to the church. Use additional sheets if necessary).*

Please provide at least three (3) dates for your event:

First Choice: _____ Second: _____ Third Choice: _____

Please list the number of **RFM** members and the roles needed to make this event successful:

Number: _____ Roles (Committees):

Number of expected attendees: _____

List any outside entities and their functions, if any, i.e. cater:

Will you need to use an outside venue? Yes ___ No ___ *(If yes, please provide the name, address, contact person, seating capacity and cost of venue).*

Name of Venue: _____

Address: _____

Contact person's name: _____

Seating capacity: _____ Cost of Venue \$: _____

Will Tickets be sold? Yes No If yes, amount: \$ _____

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Please provide the *total* amount you're requesting for this event and the breakdown: \$ _____
Breakdown of costs:

Please list the forms of advertisement to be used, if any, and any costs:

Newspaper(s)/ Magazine(s)

Radio: _____

Cable Station: _____

Other: _____

Additional Information:

Submitted by: _____ Date: _____

For Official Use Only

Approved: Yes No Deacon's Initials: _____
Approved: Yes No Pastor's Initials: _____

Deacon's Comments:

Pastor's Comments:

Your event was approved for your 1st 2nd 3rd choice.

RFM Secretary Initials: _____

Date: _____