

# **Event Planning Guide**

Event Name: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Please identify your ministry event's primary purpose by checking a box below. WORSHIP: Responding to the love of Christ through corporate prayer, praise, and proclamation

CONNECT: Introducing people to Jesus and/or inviting people into Christian Community

GROW: Fostering spiritual growth while nurturing Christ-centered relationships and exploring Scripture

SERVE: Sharing the love of Christ and helping those in need

## **Event Goals:**

Please reflect upon your ministry event's primary goals.

Who is it for (who are you intending to reach)? \_\_\_\_\_ How does it benefit The Kingdom? \_\_\_\_\_ How does it align with the Church's mission of making disciples? \_\_\_\_\_

> \_Yes \_Yes

Yes

Is there a Bible verse that comes to mind in planning this event? \_\_\_\_\_

#### **Event Budget:**

Please specify your ministry event's financial ramifications.

What is the estimated cost? \_\_\_\_\_

ls	this	а	bud	geted	event?
13	LIIIS	a	Duu	zeleu	event.

Are there designated funds available?				
Is fundraising a by-product of the event?				

	No
	No
	No

## **Event Marketing:**

Please identify your ministry event's desired marketing tools.

Facebook Website

Bulletin

Consumables (postcards, flyers, brochures, etc.) Newsletter Email Blast



A growing church serving a growing community

# **ROSE HILL UMC EVENT REQUEST FORM**



EVENT/CONTACT INFO:	Today's Date:		
Event name:	Church Sponsored 🗌 Not Church Sponsored		
Brief Description of Event:			
Expected Attendance:			
What Ministry Area below best describes the prin	nary focus/purpose of the event?		
Worship Ministry Music Ministry Adult Educ	ation Ministry 🗌 Youth Ministry 🗌 Children's Ministry		
□ Women's Ministry □ Men's Ministry □ Hospitality	/Outreach Ministry 🗌 Missions Ministry 🗌 Care Team Ministry		
Contact:Phone:	Email:		
DAY/DATE/TIME:			
Day(s) of the week: Sunday Monday	uesday 🗌 Wednesday 📄 Thursday 📄 Friday 📄 Saturday		
How often? One Time Annually Month	ly 🗌 Weekly 🗌 Other		
Start Date: End Date:	ar at a time. Each calendar year will require a new form to be submitted.)		
Setup Time Required:	Tear-Down Time Required:		
	Parlor Conference Room Other:		
Historical Sanctuary:			
Fellowship Hall: Hall Kitchen Oth	ner:		
Youth Bldg. (HUB):			
Grounds: Ball Field Volleyball	Court 🔄 Basketball Court 🔄 Parking Lot		
NURSERY: (Internal events) Contact Director of C	Children's Ministry to schedule: jImcmullen@rosehillumc.org		
MARKETING/PUBLICITY: (Publicity is dependent on the a	ppropriateness of the event and other events that may be scheduled at the same time.)		
FaceBook Website Bulletin Newslette	er 🗌 Email Blast 🗌 Consumables (postcards, flyers, brochures, etc.)		
Please write the announcement as you would like it to ap	opear. Be as concise as possible. (Editing may be required for space.)		
Office Use Only (Events must be authorized before space will be reserved.	No events will be permitted when church building is closed on major holidays.)		
AUTHORIZATION: Pastor / Office Manager / Council of Ministries	Chair:Date:		
Scheduled on Calendar			

www.rosehillumc.org/events