

# First United Methodist Church of Allen Ministry Scheduling Worksheet

## GENERAL INFORMATION

### Event Basic Information

### Contact Information

Name of Event:  
Date(s): (If a recurring event, indicate specific dates.)

Department/Ministry Area:  
Event Coordinator:  
Email:  
Phone:

Or  
 Ongoing Indefinitely  
(Must notify office of Cancellations)

Staff Liaison:  
Approved by Liaison (sign):  
Date Submitted by Liaison:

Beginning and Ending Times:  
Requested Room/Location:  
(include location if offsite)

Event Description: (Wording to be used in calendar description and Spark)

## PURPOSE AND MISSION

How will this event further one or more of the three purposes of our church?

### Seek

### Engage

### Encourage

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Easy for members to invite others<br><input type="checkbox"/> Outreach to area/unchurched<br><input type="checkbox"/> Follow-up Plan | <input type="checkbox"/> Bible study, small group, affinity group<br><input type="checkbox"/> Time of singing, praise, thanksgiving, prayer and/or confession<br><input type="checkbox"/> Training/accountability opportunity | <input type="checkbox"/> Designed to meet community needs<br><input type="checkbox"/> Designed to meet individual needs<br><input type="checkbox"/> Designed to meet church needs |
|---|---|---|

Considering the 2010 Church-Wide goals and the goals of your ministry area, describe which goal(s) and how this event fulfills one or more of them?

## SUPPORT SERVICES

What support services are needed for this event? Requests will be forwarded to the appropriate Department.

### **Facilities**

### **Departmental**

### **On-Line Registration**

- |   |   |   |
|---|---|---|
| Begin Setup Time:<br>End Cleanup Time:<br><input type="checkbox"/> Setup Tables/Chairs<br>Choose Option:<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br>or Attach Diagram<br><input type="checkbox"/> Building Access (Key Card/Fob)<br><input type="checkbox"/> Sunday Promotion Table<br>Dates:<br>(3 Sundays max)<br><input type="checkbox"/> Computer on Wheels (COW)<br><br><input type="checkbox"/> Other Needs: | <input type="checkbox"/> Childcare<br><input type="checkbox"/> Musicians<br><input type="checkbox"/> Ushers<br><input type="checkbox"/> Greeters<br><input type="checkbox"/> Media/Sound Tech<br><input type="checkbox"/> Background Checks<br><input type="checkbox"/> Risk Management Training<br><input type="checkbox"/> Contact List<br>(Provide Criteria Separately)<br><input type="checkbox"/> Communications/Promotion<br>(Must coordinate with Comm. Dept.) | Start Date:<br>End Date:<br>Cost:<br>Capacity Limit:<br>Custom Questions: |
|---|---|---|

