

Today's Date: _____

Ministry Planning Worksheet

First United Methodist Church , 141 East Gay Street, Warrensburg, MO 64093
(660) 747-8158 office@umcburg.org

Date of Event: _____ **Day of Week:** Mon. Tues. Wed. Thr. Fri. Sat. Sun.
___ **New event** ___ **Change of previously scheduled event**
If a change, date previously booked _____

1. Event/User: _____
(Print name of the event, group, class, etc.)

2. Responsible Person (RP):	3. Alternate Responsible Person
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____

4. Actual Time of Event: _____ am / pm to _____ am / pm
Time When Facility is Needed: Time In: _____ am / pm Time Out: _____ am / pm
Beginning/Ending Date (if on-going): _____ / _____

5. Group Size: _____ (Estimated number of persons attending the event)

6. Facilities (rooms) preferred: _____
(Room Number or Name)

7. Equipment Required/Set-up (by custodian) _____
Equipment/Set-up (to be done by RP) _____

8. Refreshments/food needed (from Kitchen Coordinator): _____

9. Child Care Needed: Yes _____ No _____ # of children _____

10. Budget Line Item to be used for any expenses: _____

11. Publicity Needs: ___ Newsletter ___ Bulletin ___ See back for article
___ Sunday Slide Projection ___ Will e-mail article
___ E-Mail Reminder ___ Advertising
___ Other _____

Date form received _____