



# FBCPG CALENDARING OF EVENTS REQUEST

*This form must be completed and approved before proceeding implementation of any plans regarding an event, program, conference, fellowship, etc. If there is an expense associated with the event, program, conference, fellowship, etc., please see the Revenue/Expense Planning Guide on the reverse side of this form to assist you in providing the budget information necessary for approval of your request. Allow 60 days for expenses \$500 and above and 30 days for \$499 and below to be processed.*

Current Date: \_\_\_\_\_ Name of Ministry: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Telephone Number: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Name of Event and/or Theme: \_\_\_\_\_

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

Type of Event:  Workshop  Seminar  Fellowship  Worship Service  Dinner  Luncheon  
 Meeting  Other/Explain: \_\_\_\_\_

Event Date \_\_\_\_\_ (Please take into consideration planning time to ensure success.)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Projected # of People \_\_\_\_\_

Desired Location: \_\_\_\_\_  
(If off-site, please provide complete address.)

Paid Speaker/ Facilitator/ Lecturer  Caterer  Soloist/Choir  Other \_\_\_\_\_

Projected Expenses \$ \_\_\_\_\_ Projected Revenue \$ \_\_\_\_\_ Budget Line # \_\_\_\_\_

*(Use the Revenue/Expense Planning Guide on the reverse side to assist you in determining the expense of your requested event.)  
Please be reminded again to utilize the Revenue/Expense Planning Guide on the reverse side of this form to assist in determining the budget information regarding this request. If budget information is not provided properly, it may delay in the review and response of your request. Although budget is approved the utilization of funds still need to be reviewed to ensure to good use of funds.*

Will a contract be needed to secure any of the request(s) above?  Yes  No

*If yes, have a copy of the unexecuted contract sent to the Church Office for review by our Administration and/or Legal offices. Under no circumstances are contracts to be signed for or on behalf of the First Baptist Church Piney Grove by any unauthorized person.*

\_\_\_\_\_  
Ministry Coordinator's Signature (Date)

\_\_\_\_\_  
Ministry Director's Signature (Date)

**CHURCH OFFICE USE ONLY**

(Date Rec'd \_\_\_\_\_)

\_\_\_\_\_  
Trustee Chairman's Signature (Date)

\_\_\_\_\_  
Pastor's Signature (Date)

\_\_\_\_\_  
Treasurer's Signature (Date)

Approved & Added to Church Calendar Person Notified (Date) \_\_\_\_\_

Not Approved / \_\_\_\_\_

More Information Needed \_\_\_\_\_

## REVENUE/EXPENSE GUIDE

This is a guide to help you anticipate the expenses that may be incurred if your request is approved. Your careful review and preparation will increase the response time of your request. The church uses specific vendors, services and products. If you have questions about the cost of an item, please contact the church office for assistance. An event should never cost above the approved budget amount. Therefore, expenses should be kept to a minimum and a plan to offset expenses with revenue should be developed.

REVENUE (Determine how your Ministry will offset the cost of the expenses your request will generate.)

Registration	\$ _____
Offering (estimate)	\$ _____
Ticket Sales / # of tickets x price	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

**Total Projected Revenue:** \$ \_\_\_\_\_

EXPENSES (Determine the estimated amount of expenses this request will generate.)

Catering Service	\$ _____
Kitchen Supplies (cookware/tableware)	\$ _____
Paper Goods	\$ _____
Table Settings	\$ _____
Speaker	\$ _____
Choir/Soloist	\$ _____
Musicians	\$ _____
Photography	\$ _____
Audio/Video	\$ _____
Staging	\$ _____
Air Travel	\$ _____
Ground Transportation	\$ _____
Hotel Accommodations	\$ _____
Advertise on Broadcast	\$ _____
Advertise on Radio	\$ _____
Advertise in Newspaper	\$ _____
Advertise on Website	\$ _____
Brochures Designed/Printed	\$ _____
Flyers	\$ _____
Tickets	\$ _____
Programs	\$ _____
Postcards	\$ _____
Posters	\$ _____
Postage	\$ _____
Chair/Table Rental	\$ _____
Offertory Envelopes	\$ _____
Decorations	\$ _____
Pens, Pencils, Notebooks, name tags, folders	\$ _____
Overhead Transparencies	\$ _____
Other	\$ _____
Other	\$ _____

**Total Projected Expenses:** \$ \_\_\_\_\_