



## Event & Project Package

Fill out completely

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

**Event Date(s):** \_\_\_\_\_

**Locations:** \_\_\_\_\_

**Time:** \_\_\_\_\_

### **BEFORE PLANNING BEGINS, PRAYER MUST HAPPEN**

- Pray about the overall success of the project
- Pray about the people who will be on the project
- Pray for creative ideas and people

### **DEFINE THE PROJECT**

- Who, What, When, Where, and How
- Identify specialists (artists, promotion, writers, etc.)
- Identify Ministry of Helps (Audio, Ushers, Greeters, etc.)
- Determine committee meeting dates
- Determine the time line of event
- Identify obstacles
- Determine dates for reports to be turned in
- Establish a calendar
- Will rehearsals be necessary
- Check church schedule to make sure no conflicts are involved
- Plan the rehearsals
- Establish a budget
- Follow-up with all committee members



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## Event Planning Committee

Committee Information	
Project Lead:	
Lead's Phone Number:	
Lead's Cell Phone Number:	

Committee / Committee Chair:	
Committee / Committee Chair:	
Committee / Committee Chair:	
Lead's Cell Phone Number:	

Name	Phone Number or Email	Committee	Responsibility



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## The Budget

EXPENSES:	Cost
GUEST LODGING(S)	
GUEST AIRLINE TICKET(S)	
GUEST MEALS	
GUEST TRANSPORTATION	
HONORARIUM(S)	
DECORATIONS	
FILM PURCHASE and DEVELOPING	
PHOTOGRAPHER	
GUEST FLOWERS	
GUEST FRUIT BASKET(S)	
TEE SHIRTS (Staff)	
NAME BADGES (Staff)	
VIP BADGES	
SECURITY (Professional)	
PRINTING	
PRINTING COMPANY	
ADVERTISING (Print, Radio, and Television)	
MAILINGS	
POSTERS	
BANNERS	
TOTE BAGS	
PROMOTIONAL PRODUCTS	
OTHER EXPENSES:	
TOTAL EXPENSES:	
REVENUE	
SALES	
SPONSORSHIP	
NET TOTAL:	





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## The Details

Ticket/Hotel Cost Information	yes/no	Check When Confirmed	Initial	Date
Will event sell tickets?				
Is event ticket price all inclusive?				
Is DFCC purchasing airline tickets?				
Name of travel agency:				
Name of contact person				
Travel agency contact telephone number:				
Travel agency fax number:				
Cost of airline tickets:				
Required deposit:\$          Final date for deposit:				
Is DFCC making hotel reservation?				
(Staff and Guest Only)				
Name of Hotel:				
Address of Hotel:				
Telephone Number of Hotel:				
Name of contact person:				
Telephone Line set-up fee:				
Total Hotel Cost:				
How will guest(s) travel be reimbursed?				
Event/Project Photographer:				
Name of Event/Project Photographer:				
Photographer's Phone Number:				
Guest(s):				
Guest(s) contract approved and signed:				
Guest(s) itinerary faxed:				
Copies of guest(s) information given to the following person(s): (Administrator, Public Relations, Office Staff)				
Check requisition submitted to: see Bookkeeper				
Checks requested:				
Special activities planned (tour, meals, etc.):				
Activities location(s):				



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## Workshop Information

Workshop Information	yes/ no	Check When Con- firmed	Initial	Date
Location(s):				
Schedule(s)				
Director:				
Room location signs posted:				
Podium(s) set-up in room(s):				
Extra microphone(s) for audience:				
Chairs set-up for attendees:				
Table(s) set-up in room(s) for attendees and guest(s):				
Chair for speaker(s) in room(s):				
Projector(s) / Screen(s) in room(s):				
Computer(s) in room(s):				
Special equipment needs:				
Special equipment in room(s):				
Materials delivered to room(s):				
Materials set-up in room(s):				
Registration / Handouts	yes/ no	Check When Con- firmed	Initial	Date
Registration:				
Will there be pre-registration?				
Cost of Registration:				
Cost of pre-registration:				
Registration Supplies: (Materials / Name tags)				
Handouts / Packets:				
Registration Letters:				
Registration Table:				
Who will manage table?				



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## Ministries of Helps

MINISTRIES OF HELP (Please notify all ministries that apply)	yes/no	Check When Confirmed	Initial	Date
Praise Team: See Director				
Choir: See Director				
Greeters: See President				
Musicians: See Director				
Children's Church: See Director				
Ushers: See President				
Sound: See President				
TV Ministry: See Director				
Will tapes of service/event be offered?				
Cost of Tapes:				
Who will distribute tapes?				
Announcements/News Cast: See TV Director				
Faith In Motion: See Director				
Public Relations: See Director				
Food Preparation: See Director				
Reception:				
Reception Location:				
Reception Layout:				
Photographer:				
Security: See Director				
Seating For Special Guests (Guest Psalmist(s):				
Reserved Seating For Out of Town Guest(s):				
Special Seating For Pastors and Wives:				
Reserved Seating for Photographer:				
Seating For Floor Manager:				
Announcements Placed on Podium?				
Seating For Staff:				
Parking For Staff:				
Seating Chart Prepared:				
Sound Check Performed:				
Hospitality Room Prepared:				
Extra Space Prepared: (Pastor's Restroom)				
Flowers In Room(s):				
Snacks Placed In Room(s):				
Special Equipment				



## Special Guest Travel and Transportation Information

Special Guest: \_\_\_\_\_

Travel Arrangements: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Travel Companion(s): \_\_\_\_\_

\_\_\_\_\_

Arrival Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Person Assigned for Pick-Up: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Person Assigned for Departure: \_\_\_\_\_

Lodging: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Ground Transportation: \_\_\_\_\_

Assigned Armor Bearer: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

POC#: \_\_\_\_\_



Web Page Request Form

To: \_\_\_\_\_ From: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Completed Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Ministry: \_\_\_\_\_

Text Only: \_\_\_\_\_ Yes \_\_\_\_\_ No Photo Included: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All requests must be submitted to Video Director WEB STAFF WILL NOT ACCEPT REQUESTS!

FOR WEB DEPARTMENT ONLY  
Date Received: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Prioritization: \_\_\_\_\_ Webmaster Initials: \_\_\_\_\_  
Reasons: \_\_\_\_\_



# Video Production Request Form

All requests for commercials and edited masters must be recived in writing no less than one month before the date the finished product is needed. Please submit only one request per form. In an effort to ensure that all Video Department production requests received are accomplished in a timely manner, this form must be completed and submitted for evaluation. After evaluation and prioritization, you will receive and estimated completion date.

To: \_\_\_\_\_ From: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Completed Date: \_\_\_\_\_

What is your production request?

\_\_\_\_\_ TV Commercial  
Comment: \_\_\_\_\_

\_\_\_\_\_ In-House Video  
Comment: \_\_\_\_\_

\_\_\_\_\_ Edited Master  
Comment: \_\_\_\_\_

\_\_\_\_\_ Video Taping  
Comment: \_\_\_\_\_

\_\_\_\_\_ Other  
Comments: \_\_\_\_\_

Date of Service (if applicable) \_\_\_\_\_

Time of Service (if applicable) \_\_\_\_\_

Location of Service: \_\_\_\_\_

All requests must be submitted to Webmaster VIDEO STAFF WILL NOT ACCEPT REQUESTS!

FOR VIDEO DEPARTMENT ONLY	
Date Received: _____	Estimated Completion Date: _____
Prioritization: _____	Director Initials: _____
Reasons: _____	



# Audio Request Form

To: \_\_\_\_\_ From: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Completed Date: \_\_\_\_\_

Area:

- \_\_\_\_\_ Main Sanctuary
- \_\_\_\_\_ Multipurpose Room
- \_\_\_\_\_ Upper Room
- \_\_\_\_\_ Conference Room
- \_\_\_\_\_ Hospitality Room
- \_\_\_\_\_ Outside
- \_\_\_\_\_ Off-site Location
- \_\_\_\_\_ Other

Equipment:

- \_\_\_\_\_ Tape Deck
- \_\_\_\_\_ CD Player
- \_\_\_\_\_ DJ Set Up
- \_\_\_\_\_ Other

Type/Number of Microphone(s) Desired:

- \_\_\_\_\_ Wireless    \_\_\_\_\_ Handheld    \_\_\_\_\_ Corded    \_\_\_\_\_ Headset    \_\_\_\_\_ Lapel    \_\_\_\_\_ Boom

Special Instructions:

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All requests must be submitted to Webmaster  
**VIDEO STAFF WILL NOT ACCEPT REQUESTS!**

<b>FOR VIDEO DEPARTMENT ONLY</b>	
Date Received: _____	Estimated Completion Date: _____
Prioritization: _____	Director Initials: _____
Reasons: _____	



## Building Maintenance Request Form

Date Requested: \_\_\_\_\_

Contacted Person: \_\_\_\_\_

Date of Event: \_\_\_\_\_

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

Location: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Items required for this event (i.e. tables, chairs, TV, etc.)

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Please provide a set-up diagram of area (You may use the back of this sheet if needed).



## After Action Review (AAR) Form

Date of AAR: \_\_\_\_\_

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

Auxiliary / Ministry: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Issue: (Categorize the deficiency)

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Discussion: (Overview of situation that caused deficiency)

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Recommendation: (How the deficiency can be corrected)

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Issue:

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Discussion:

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Recommendation:

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### Final Review and Submission

Please review your complete packet and then submit by clicking on the link below.