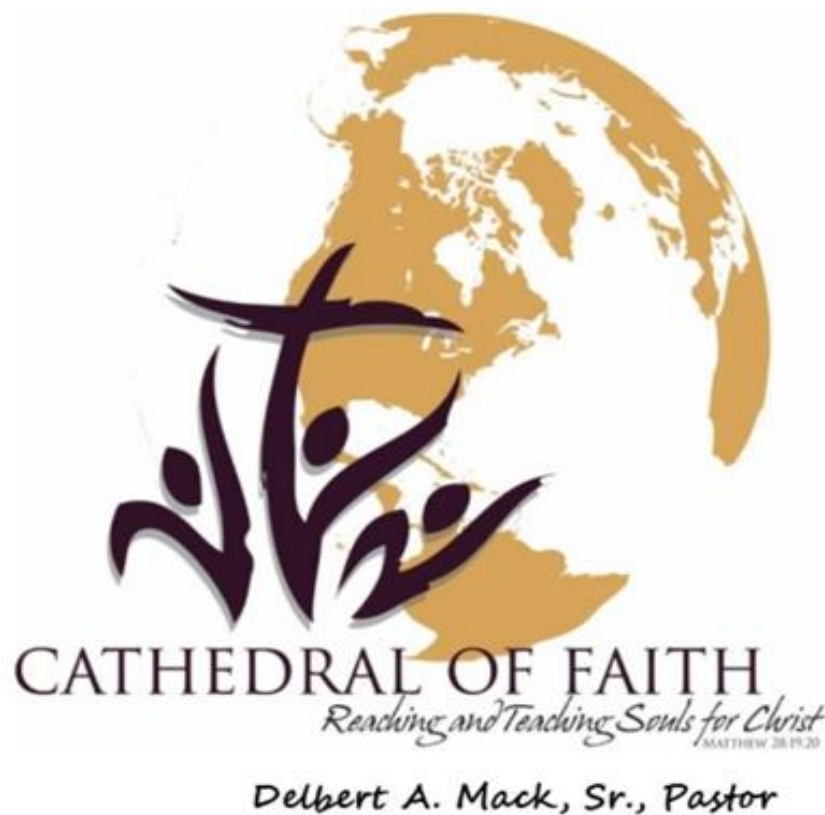


# Event Packet



## ***Planning Ahead for Greater Kingdom Impact***

***NOTE: If printing digital packet, remember to include the following forms in your event packet:***

***Print Request Form, Building Use Form, Voucher Request***

## Cathedral of Faith Event Packet

*The event packet should be turned in at least one month before your event.*

**EVENT DEFINED:** If it involves the church calendar, church finances, church space or some portion of the membership, it is an event.

### **EXPLANATION OF FORMS:**

#### **BUILDING USE FORM**

• This form should be used to request the use of a particular space, room, building, etc., on the church campus. This form should be turned in to the church's front office at least one month before your approved event.

#### **VOUCHER FORM**

• This form should be used to request funds that have already been approved or to request approval for funds not previously approved. Supporting paperwork should be turned in with this form to substantiate the funds that are being requested. Vouchers should be turned in at least one month before the funds are needed. Additionally, ministry group leaders should sign all vouchers that are being requested by the ministry in which you lead. Suggestion: When trying to determine price, we encourage you to make use of online price shopping as one of your options. **NOTE: ALL ROOM ASSIGNMENTS WILL BE DONE BY THE FRONT OFFICE.**

#### **PRINTING REQUEST FORM**

• This form should be used to request printing/copies, duplication, flyers, and other similar materials that will be used for the purposes of church ministry or other related church events. All printing request must have already been proofed and approved before a printing request is made. If outside printing is required, a copy of the approved voucher should be attached to the printing request form. Printing request forms must be turned in at least one month before materials are needed.

#### **EVENT CHECK LIST**

• The Event Checklist is designed to help with the planning of your event. It asks questions regarding the event, which assists you with overlooking or forgetting to handle various areas, when hosting an event. This form should be completed at least one month before your event.

#### **EVENT EVALUATION FORM**

• This form should be completed after your event. A copy of the completed Event Evaluation Form should be turned in to the church office no later than one week after your event. This form is designed to help your team review what was successful and unsuccessful during your event, with the goal of honest evaluation and implementation of adjustments.

## Cathedral of Faith Event Checklist

(This form must be turned in to the front office at least one month prior to your event.)

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

Name of Ministry Hosting Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time (start & end times) \_\_\_\_\_

Is this an approved calendar event for your ministry?     Yes     No

Date Event was Approved: \_\_\_\_\_

This event will benefit Cathedral of Faith and/or the community by:

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

As a result of attending this event individuals should better understand:

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

The target audience for this event is: \_\_\_\_\_

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

We intend to impact the targeted audience/group by: \_\_\_\_\_

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

Event Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Event Coordinator's Task(s): \_\_\_\_\_

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

Task(s) Deadline: \_\_\_\_\_

Event Speaker(s): \_\_\_\_\_

**IMPORTANT:** *Do not contact speaker before approval from the Senior Pastor!*

**DATES FOR PLANNING MEETINGS:** List all planning meeting dates for the event. Be sure that building use request forms are completed for each of your meetings and turned in to the front office for approval.

Date of Meeting #1: \_\_\_\_\_

Date of Meeting #2: \_\_\_\_\_

Date of Meeting #3: \_\_\_\_\_

**CHILDCARE:**

Is childcare desired for the event? \_\_\_ Yes \_\_\_ No If yes, what ages need care: \_\_\_\_\_

How many children are expected? \_\_\_\_\_ Date Nursery Director contacted: \_\_\_\_\_

Did Nursery Director give approval? \_\_\_ Yes \_\_\_ No If yes, list the name of the Nursery Director giving approval: \_\_\_\_\_

**COMMITTEE CHAIRPERSON(S) SECTION:** This section will help with delegation. List the name(s) of the assigned person, the delegated task(s) and the deadline.

**EVENT SET - UP** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**EVENT CLEAN - UP** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**REGISTRATION** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**PUBLICITY/MARKETING** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**FOOD / REFRESHMENTS** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**PROGRAMS** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**BUILDING USE FORM(S)** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**VOUCHER REQUEST FORM(S)** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**PRINTING REQUEST FORM(S)** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**SPECIAL GUEST/GUEST SPEAKER HOST PERSON:** \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_

**OTHER** Chairperson: \_\_\_\_\_

This person has been given the following task(s): \_\_\_\_\_

The deadline for this task(s) is: \_\_\_\_\_



## Event Evaluation Sheet

*(This completed evaluation sheet should be turned in to the church office no later than one week after your event. Feel free to write on the back of this page if you need more space.)*

Name of Event being evaluated: \_\_\_\_\_

Name of Ministry Hosting Event: \_\_\_\_\_

Were the goals of the event achieved? Yes \_\_\_ No \_\_\_ Please explain your answer:

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

Was the Event Packet turned in at two weeks before the event? Yes \_\_\_ No \_\_\_

If no, why not? \_\_\_\_\_

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

What type of marketing was used to promote the event?

\_\_\_ COF Website    \_\_\_ COF Sunday Bulletin    \_\_\_ COF Communication Board

\_\_\_ Flyers    \_\_\_ Emails/Texts    \_\_\_ Other: \_\_\_\_\_

Did everyone delegated a task(s) complete it? Yes \_\_\_ No \_\_\_

Were all delegated task(s) completed by the deadline? \_\_\_ Yes \_\_\_ No \_\_\_

If no, why do you think the task(s) wasn't completed by the deadline given?

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

Is there anything else you feel the Pastor and/or Front Office needs to know about your event or the event planning process that wasn't addressed on this Event Evaluation Sheet?

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

How many team members from your ministry group were involved in giving input for the purpose of completing this evaluation sheet? \_\_\_\_\_

Name of Person completing Evaluation Sheet: \_\_\_\_\_ Date: \_\_\_\_\_



## PRINTING REQUEST FORM

This form is used to process printing requests through the church office. **Only the final proofed master should be submitted when requesting copies.** This request should be turned in no later than two (2) days before you need the materials. The Ministry Director should sign this request.

Date Submitted: \_\_\_\_\_ Date Needed/Due: \_\_\_\_\_

**\*\*NOTE: Copyrighted materials CANNOT be legally reproduced without a copyright release.**

Name of Event / Project: \_\_\_\_\_

Date of Event/Project: \_\_\_\_\_

Name of Ministry Requesting Printing: \_\_\_\_\_

Signature of Ministry Director: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s): cell \_\_\_\_\_ other: \_\_\_\_\_

Type of paper (color / card stock): \_\_\_\_\_

Number of copies: \_\_\_\_\_

Has the master copy and/or electronic pdf been through the procedures for proofing? (Refer to COFBC Procedures for Proofing of Printed Materials) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, please do not submit request until proofing procedures have taken place.

Is the cost of this printing request a part of your approved annual budget? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*Please note that the actual printing of materials is not what requires time; however, it is the proofing procedure that may delay the processing of the print request.\*\***

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### Church Office Use Only

Printing Request Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Processed/Completed: \_\_\_\_\_

Date Ministry was notified for Pick-up: \_\_\_\_\_



**CATHEDRAL OF FAITH BAPTIST CHURCH  
BUILDING USE FORM  
CHRISTIAN EDUCATION OR ANNEX BUILDING**

NAME OF MINISTRY: \_\_\_\_\_

PLEASE CIRCLE BUILDING YOU ARE REQUESTING:

CHRISTIAN EDUCATION BUILDING       ANNEX BUILDING

SIGNATURE OF MINISTRY DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBERS: cell/home \_\_\_\_\_ other \_\_\_\_\_

**\*\*\*\*\*ROOM ASSIGNMENT WILL ONLY BE DONE BY THE FRONT OFFICE.\*\*\*\*\***

**PURPOSE FOR BUILDING USE**

- Ministry Meeting
- Community Event
- Other: State \_\_\_\_\_

DATE OF FUNCTION: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ AM PM    END TIME: \_\_\_\_\_ AM PM

ON THE DAY OF MY EVENT, I WOULD LIKE TO ARRIVE AT: \_\_\_\_\_ AM PM

*PREPARATION/SET-UP INFORMATION:*

SET-UP DATE (IF APPLICABLE): \_\_\_\_\_

SET-UP START TIME: \_\_\_\_\_ AM PM      SET-UP END TIME: \_\_\_\_\_ AM PM

NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_

HOW WILL THE ROOM BE SET-UP TO RECEIVE THE ATTENDANTS?

CHECK ONE: \_\_\_\_\_ Table & Chairs      \_\_\_\_\_ Chairs only      \_\_\_\_\_ No Tables or Chairs

**EQUIPMENT NEEDED FOR THE EVENT:**

\_\_\_\_ Tables: How many \_\_\_\_\_      Circle One: Round or Rectangle  
*Note : Round tables will only be available at the Education Building*  
 \_\_\_\_ Chairs: How many \_\_\_\_\_  
 \_\_\_\_ Dry Erase Board      \_\_\_\_ Microphone  
 \_\_\_\_ Podium      \_\_\_\_ Other: State \_\_\_\_\_

**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_      \_\_\_\_ Approved      \_\_\_\_ Not Approved

Room(s) Assigned: \_\_\_\_\_

Date Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

Signature - Front Office Approval: \_\_\_\_\_