

Impact Event Scheduler



Event Title

Today's Date:

Each event, as well as recurring events, need a separate Scheduler filled out

1 Who

Sponsoring Ministry: Administration Children's Connections Guest Services Men's
 Missions Small Groups Women's Young Adults Youth
 Other: _____

Event Lead: _____ Phone: _____

Email: _____ Ministry Director: _____

Who is this event for?

Whole Church Specific Ministry Other please name: _____

Estimated Group Size: _____

2 What

Purpose of event: Reaching Up Reaching In Reaching Out

Event Description and Goals: _____

Room request for event (please check all that are needed)

- Worship Center Foyer Kitchen Conference(104)
- Nursery (101/102) Youth Rm (110) 1st & 2nd (118) 4's & 5's rm(116/117)
- Prayer Rm (103) 2's & 3's Rm (113/114) 3rd & 4th (Mod.2) 5th & 6th (Mod.1)

For Offsite Events please give the following information:

Location Name: _____

Address: _____

3 When

Event Date: _____ Start Time: _____ End Time: _____

Set-up Date: _____ Start Time: _____ End Time: _____

Tear Down Date: _____ Start Time: _____ End Time: _____

4 Childcare

- Childcare is needed (see below) No childcare is needed
- I plan on charging My ministry will pay for childcare (Code # _____)

Estimated # of children: _____

Charges: \$5 for 1 child; \$10 for 2 - 3 children; \$15 for 4 or more children

If your ministry is covering childcare charges you will need to pay \$25 per adult, minimum of 2 adults (1 adult per 6 children)

Event Lead Signature

Office Coordinator Signature

Required Signatures

Ministry Director Signature

6 Promotion



All of the following requested information is subject to the approval of Impact staff.

Weekly Program

Program Dates Requested : 1. _____ 2. _____ 3. _____

Verbiage _____

Will there be ticket sales? Yes No If yes, what is the ticket cost? _____

Communication Card

For **free** events we will put a selection box on our weekly Communication Card.

Dates Requested: 1. _____ 2. _____ 3. _____

Posters

We want your event to be a success. If you are unable to make your own posters please let us know that and we will design one for you. Please note that all posters and artwork **must** be approved five weeks prior to any public display of posters.

Please make for me I will design Date to hang posters: _____

Sunday Morning Verbal Announcement

We limit most platform announcements to all church events

Dates Dates Requested: 1. _____ 2. _____ 3. _____

Other

Please outline any other special promotion requests here: _____

7 Set-up

If the Worship Center or Youth Room is being used for this event please make sure to fill out the additional Audio/Video form which has much more detailed information regarding the setup for your event.

I will need sound/lighting (Additional form required)

I will need table/chair set-up.

of round or rectangle (circle one) tables _____ with _____ chairs at each location.

Please set up as drawn below

Administrative Use Only				
Activity Created	Staff Assigned	Participants Assigned	Attendance Posted	Other