

Date Submitted: \_\_\_\_\_ Submitted to: The church office a minimum of 6 weeks prior to the event  
Posted: \_\_\_\_\_ Approval: \_\_\_\_\_ (Fr. Al) Approval: \_\_\_\_\_ (CS)  
Meeting Date if necessary (CS) \_\_\_\_\_

PLEASE CALL THE OFFICE IF CHANGES NEED TO BE MADE OR IF THE EVENT IS CANCELLED

### CHURCH EVENT PLANNING FORM

\*\*\*Please keep in mind that all activities must be consistent with Santa Maria del Mar's mission of Stewardship Hospitality/Prayer/Formation/Service as well as the mission/purpose of your ministry\*\*\*

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

Date Requested: \_\_\_\_\_ Alt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Group Size: \_\_\_\_\_

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

Individual(s) Responsible for Coordination of Event: **2 required**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Hospitality (Welcome/Name Tags): \_\_\_yes \_\_\_no Assigned To: \_\_\_\_\_

EMs/Lector: \_\_\_Yes \_\_\_No Assigned To: \_\_\_\_\_

Organ: \_\_\_Yes \_\_\_No Who: \_\_\_\_\_ Cantor: \_\_\_yes \_\_\_no Who: \_\_\_\_\_

Ushers: \_\_\_Yes \_\_\_No Golf Carts: \_\_\_Yes \_\_\_No Assigned To: \_\_\_\_\_

Outside Signage/Flyers: \_\_\_Yes (copy approved \_\_\_\_\_) \_\_\_No Assigned To: \_\_\_\_\_

Tickets: \_\_\_Yes (copy approved \_\_\_\_\_) \_\_\_No

Outdoor Lighting: \_\_\_Yes \_\_\_No Heat/Air: \_\_\_Yes \_\_\_No Security: \_\_\_Yes \_\_\_No

Person Responsible for Clean-up: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Responsible for Lock Up and Lights Out: \_\_\_\_\_ Phone: \_\_\_\_\_

Promotion Options:

( ) Bulletin (copy due to [cindyser@bellsouth.net](mailto:cindyser@bellsouth.net) 14 days prior to publication)

(dates of insertion plus copy attached)

( ) Newspaper (copy and budget approved \_\_\_\_\_)

( ) Program/Handouts: \_\_\_Yes \_\_\_No Assigned To: \_\_\_\_\_

Budget: Income Potential (detail)

Expense (detail)

Supplies/Equipment Needed \_\_\_\_\_ Setup if needed (attach diagram) \_\_\_\_\_