

Event Request Guidelines

Non-Registration Events:

Event packet must be turned in to Admin and approved **6 weeks** prior to your event. This allows **2 weeks** for administrative needs prior to your event going public at **4 weeks** out.

Ministry Specific Registration Events:

Event packet must be turned in to Admin and approved **12 weeks** prior to your event. This allows **2-4 weeks** if needed for administrative needs prior to your event going public at **8-10 weeks** out.

Churchwide/Community

Registration Events:

Event packet must be turned in to Admin and approved **6 months** prior to your event. This allows ample time for administrative and other needs prior to your event going public at no less than **4 months** out.

EVENTS

Danette Koehl

Guidelines/Summary/Details/Check Request/Budget Sheet/Registration Forms

7/9/21

SPORTSMAN'S CHURCH

Heaven's Foremost Outfitter

FOR OFFICE USE ONLY

Approval Date ____/____/____
 Event Date ____/____/____
 Admin Initials _____

EVENT SUMMARY

Ministry _____

Event Title _____

Event Coordinator Name/Phone

Event Location:

- On Site Area

- Off Site Place/Address

Date ____/____/____ to ____/____/____

Total Event Budget \$ _____
 (see attached budget sheet)

Briefly describe what will happen at this event & for flyer, banner, etc.

Main purpose:

- Connect-kids/students/campfires/etc.
- Grow-conferences/discipleship/etc.
- Serve-missions/care/etc.
- Go-outreach/evangelism/etc.

Target Population:

- Churchwide
- Kids
- Wildlife
- Men
- Women
- Parents
- Leadership
- Community

Promotion:

- Trail Guide
- Realm
- GroupMe
- Facebook

Event Details:

Title

Date & Time

Location

Age Group

Info

Deadline & Cost

Contact

Website

If this is an online event, please write in "event details" in the banner →

EVENT DETAILS

Approximate number of people expected to attend/participate: _____

Setup Time _____ Start Time _____

End Time _____ Tear Down _____

Preferred room(s) & Capacity:

- Legacy Hall (500)
- General Store (50)
- Bank/Explorers (12-15)
- Sheriff's Office/Critter Care (12-15)
- Post Office (12-15)
- Blacksmith (8-10)
- Cave (125)
- Brown Room (10-12)
- Brown Bathrooms
- Trailer (8-10)

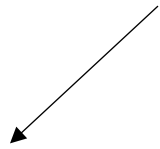
Preferred Areas:

- Pavilion/Small Playground
- Main Pond
- Range
- Rec Area
(basketball/volleyball/gaga ball)
- Large Playground
- Living Waters Pool
- Disc Golf Course
- Obstacle Course
- Back Porch/Baptismal
- Highway Parking Lot/Field
- Kickball Field

FACILITY RESOURCE NEEDS

Check all that apply/How many:

- Room layout
(sketch of desired layout in box)
- Tables
(4 ft. wood round) _____
(5 ft. lifetime round) _____
(6 ft. lifetime rectangle) _____
(8 ft. wood rectangle) _____
- Chairs
(lifetime) _____
(metal) _____
- Podium
- Bait Buckets _____
- Short Term Storage - items _____
(room or fridge/freezer)
- Space to Sort – items _____
(package/distribute)
- Other _____



SUPPORT/TECHNOLOGY

Check all that apply/How many:

- Online Registration
(fill out attached registration form)
- Copyright Clearance
- TV/Roku/Hotspot
- Microphone(s) _____
- Projector/Screen
- Office Supplies _____
(pens/note pads, etc.)

FINANCIAL NEEDS

Check all that apply:

- Paid Childcare Worker(s) _____
- Signed Contract(s)/Agreement(s)
- Check Request(s)**
Deadline ___/___/___
(Caterer/band/supplies/misc.)
(see attached form)
- Solicit In-Kind Donations
(Financial approval)
- Recognition Fee
(Financial approval)
- Door Prizes
- Order Resources _____
- Speaker Gift

Event Coordinator:

(ONLY sign if ONLINE registration is NOT needed)

Print Name

Signature

Date

PERSONNEL NEEDS

Check all that apply/How many:

- Volunteers _____
- Childcare Workers _____
- Security _____
(Sheepdogs or Police Officers)(bid)
- Parking Attendants _____
- Medical Team _____
- Prayer Team

KITCHEN NEEDS

Check all that apply/How many:

- In House Caterer
- External Caterer
- Dinner Plates _____
- Dessert Plates _____
- Bowls _____
- Beverage Cups _____
- Paper Towels _____
- Cutlery packets _____
- Bottled Water _____
- Ice _____
- Ice Chests _____

MAJOR DETAILS

Check all that apply:

- Ticket Sales/Quantity _____
- Decorations _____

- Transportation - (multiple bids)
- Venue Reservation/Contract
(Off-site Locations)
- Guest Speaker(s)/Musician(s)
(Financial approval)

ONLINE REGISTRATION FORM

- Public – cont. below
- In-house – skip remaining pages

Event Name:

Max. participants: _____

Opening Description in Realm

Date and Time:

Date ___/___/___ Time _____

to

Date ___/___/___ Time _____

This event is taking place at

Event Contact(s)

Registration Types:

Standard Registration:

Standard Registration Fee \$_____

Make Registration Public

Yes ___ No ___

Public Registration Dates:

From _____ To _____

Early Bird Registration:

Early Bird Registration Fee \$_____

Make Registration Public

Yes ___ No ___

Public Registration Dates:

From _____ To _____

Late Registration:

Late Registration Fee \$_____

Make Registration Public

Yes ___ No ___

Public Registration Dates:

From _____ To _____

ONLINE REGISTRATION FORM
CONTINUED

Per Person \$ _____

Per Couple \$ _____

Deposit - (only available for events that cost \$200 or more)

Yes ____ No ____

Required Deposit at Registration
\$ _____

Payment Settings:

Realm payment receipt message

Minimum Payment Amount
\$ _____

Event Coordinator:

(ONLY sign if ONLINE registration IS needed)

Print Name

Signature

Date

Questions:

Does your event require information from the participant, room type, food allergies, etc.?

1.) _____

2.) _____

3.) _____

4.) _____

Check Request #1

Date: ____/____/____

Make check payable to:

Amount of check: \$_____

Date needed: ____/____/____

Description of expenses:

Requested by: _____

Delivery options:

- Bring to church
- Mail check to this address:

- Bring to Staff Meeting
- Check in personal mailbox

For reimbursements, please attach receipts to this form.

Check Request #2

Date: ____/____/____

Make check payable to:

Amount of check: \$_____

Date Needed: ____/____/____

Description of expenses:

Requested by: _____

Delivery options:

- Bring to church
- Mail check to this address:

- Bring to Staff Meeting
- Check in personal mailbox

For reimbursements, please attach receipts to this form.

Budget Planning Sheet

Anticipated Expenses:

Facilities Rental \$ _____

Food _____ \$ _____

Lodging \$ _____

Publicity \$ _____

Speaker/Recognition Fees \$ _____

Supplies
_____ \$ _____

_____ \$ _____

Musician/Band \$ _____

Travel
_____ \$ _____

_____ \$ _____

Security \$ _____

Licenses/Permits \$ _____

Registration/Processing Fees \$ _____

Other _____ \$ _____

Total \$ _____

Anticipated Income:

Registration Fees \$ _____

Co-Sponsors (*please list below*) \$ _____

Fundraising \$ _____

Other _____ \$ _____

Total \$ _____

****If your totals do not match, you may need to adjust your budget accordingly****