

# Christ Community Church - Event Planning Form

**Please submit this form to Sarah Coleman as soon as possible for approval.**

DATE SUBMITTED: \_\_\_\_\_

APPROVED BY: PLEASE INTIAL \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

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**EVENT NAME:** \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT TIME: \_\_\_\_\_

**CONTACT PERSON FOR THIS EVENT:** NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WHAT IS THIS EVENT FOR?: \_\_\_\_\_

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**Please supply us with as many details as possible, make a copy and submit the original to Sarah Coleman for approval**

Sarah, Jason, and Steve must be consulted prior to your event being planned. Thank you.

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**EVENT LOCATION:** Middleboro Avenue Stevens Street Room#

PARKING: IS ADDITIONAL PARKING NEEDED FOR YOUR EVENT? Y N  
*If yes, please consult with Sarah Coleman*

SECURITY: Is Security needed for this event? Y N  
*If yes, please consult with Sarah Coleman*

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## EVENT DETAILS:

HOW MANY WILL BE ATTENDING YOUR EVENT?: \_\_\_\_\_

- DO YOU NEED COPIES MADE FOR YOUR EVENT? Y N
- IF YES, WHO WILL PROVIDE THE DOCUMENTS AND WHEN DO YOU NEED THEM DONE BY? Y N

WHO : \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

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## A/V AUDIO VISUAL (Steve Walters)

APPROVED BY: PLEASE INTIAL: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

IS AUDIO NEEDED FOR YOUR EVENT? Y N

IS VISUAL NEEDED FOR YOUR EVENT? Y N

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**\*\*\*\* PLEASE NOTE IF YES HAS BEEN CHECKED, PLEASE FORWARD A COPY OF THIS FORM TO STEVE WALTERS - HE WILL PERSONALLY CONTACT THE PERSON REQUESTING AV FOR THE EVENT.**

**STEVE.WALTERS@CCCFAMILY.COM**

**FOOD:** IS FOOD NEEDED FOR YOUR EVENT?

Y N

IF YES PLEASE CIRCLE WHAT APPLIES:

Breakfast

Lunch

Dinner

Snacks

Drinks

Other

DO WE NEED TO ORDER: TABLES LINENS PLATES CUPS CUTLERY

**\*\*\*PLEASE NOTE: IF THIS IS A CCC MINISTRY, THESE ITEMS ORDERED WILL BE ADDED TO YOUR ANNUAL BUDGET. IF THIS IS NOT A CCC MINISTRY, YOU WILL BE RESPONSIBLE FOR PAYMENT.**

PLEASE SPECIFY WHAT IS NEEDED: \_\_\_\_\_

PLEASE SPECIFY WHO YOU ARE WORKING WITH TO PROVIDE YOU WITH WHAT IS LISTED:

NAME: \_\_\_\_\_

**ROOM SETUP (Jason Michael)**

APPROVED BY: PLEASE INITIAL: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

HOW DO YOU WANT THE ROOM SETUP? CLASSROOM U-SHAPE OTHER: \_\_\_\_\_

DO YOU NEED ANYTHING SPECIAL FOR THE ROOM?: \_\_\_\_\_

**\*\*\* PLEASE NOTE THAT ROOM SETUP MUST BE APPROVED PRIOR TO YOUR EVENT**

EVENT SETUP AND BREAKDOWN

WHO IS RESPONSIBLE FOR SETTING UP YOUR EVENT?

Please list name and contact #:

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

WHO IS RESPONSIBLE FOR BREAKING DOWN THIS EVENT/

Please list name and contact #:

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

WHO IS RESPONSIBLE FOR CLEANING UP AFTER THIS EVENT?

Please list name and contact #:

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

**DID WE FORGET ANYTHING? PLEASE HELP US TO HELP YOU. THANK YOU**

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

**\*\*\* PLEASE NOTE: IF YOU ARE SEEKING REIMBURSEMENT FOR ANY CHARGES FOR THIS EVENT, YOU MUST PROVIDE ALL VENDOR RECEIPTS FOR CHARGES TO BE REIMBURSED. Thank you**