

**SHORTER COMMUNITY AFRICAN METHODIST EPISCOPAL CHURCH**  
**MINISTRY EVENT PERT LIST (Revised 10/21/10)**

Name of Ministry / Organization \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

Event Chairperson (if different from Ministry Leader): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Event Start Date \_\_\_\_\_ Start Time \_\_\_\_\_ Event Finish Date \_\_\_\_\_ End Time \_\_\_\_\_

*Please initial and date all completed applicable items before signing and returning this form and all related forms to the Pastor's Executive Assistant. This form must be submitted a minimum of 30 days in advance of the Ministry event.*

	N/A	Submitted	Date	Approved	Date	Notes
<b>A. ORGANIZATION</b>						
1. An initial Planning Meeting has been scheduled to discuss the event		[ ]	___/___/___	[ ]	___/___/___	
2. An event theme and brief description has been submitted for Pastor's approval		[ ]	___/___/___	[ ]	___/___/___	
3. The Facility Usage Form has been completed		[ ]	___/___/___	[ ]	___/___/___	
4. The Event has been scheduled on the Church Calendar		[ ]	___/___/___	[ ]	___/___/___	
5. The Set-up Plan has been submitted		[ ]	___/___/___	[ ]	___/___/___	
6. The Program Outline for the event has been submitted for the Pastor's approval		[ ]	___/___/___	[ ]	___/___/___	
<b>B. BUDGET/COSTS</b>						
7. An Event Budget has been submitted	[ ]	[ ]	___/___/___	[ ]	___/___/___	
8. The Budget and all Budget item requests have been approved by the Pastor				[ ]	___/___/___	
<b>C. PROGRAM PARTICIPANTS / SPECIAL GUESTS / HOSPITALITY</b>						
9. All program participant's/suggested invited guests names have been submitted for approval, by the Pastor, prior to making invitations		[ ]	___/___/___	[ ]	___/___/___	

10. The Letter(s) for guest participants has been turned in for review, printing and Pastor's Signature		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
11. Travel and Housing needs for out of state guests have been submitted for approval and execution		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
12. Local transportation and Hosting volunteers have been approved and secured for guests		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
13. Guests Participants who will receive stipends have signed and returned W9 Forms		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
14. Guest have been given, completed and returned preference/ needs form		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
15. Courtesies /Baskets / Flowers have been arranged for guest's hotel room		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
16. Arrangements have been made for guests to be checked into hotel prior to their arrival (Host transporter should have key)		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
<b>D. PUBLICITY Note: A draft of all publicity must be attached and approved prior to publication</b>						
17. A flier has been designed		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
18. Draft announcements for the bulletin have been submitted for Pastor's approval		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
19. A Press Release has been written and submitted for the Pastor's approval and distribution at least 1 week prior to event		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
20. Costs for publicity in Newsprint have been submitted		<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	
<b>E. MINISTRY SUPPORT: Our event will need support from the following Ministries: (Note: You are responsible for contacting the respective Ministry Leader)</b>						
21. Trustee/Security		<input type="checkbox"/>	___/___/___			
22. Media Ministry (Audio/Visual)		<input type="checkbox"/>	___/___/___			
23. LENS Ministry (Photography)		<input type="checkbox"/>	___/___/___			
24. Minister of Music (for Music Ministry)		<input type="checkbox"/>	___/___/___			
25. Usher Ministry		<input type="checkbox"/>	___/___/___			
26. Greeters Ministry		<input type="checkbox"/>	___/___/___			
27. Health Ministry		<input type="checkbox"/>	___/___/___			

28. The Finance Committee (Event Offering)	[ ]	[ ]	__/__/__			
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**ADDITIONAL NOTES:** \_\_\_\_\_

**All applicable items have been and completed and are ready for the Pastor's final review and approval**

**Signature of Ministry Leader / Organization President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Pastor's Executive Assistant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_