

**CTK Program and Ministry
EVENT PLANNING GUIDE**

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CTK Program and Ministry EVENT PLANNING GUIDE

MINISTRY:

CONTACT PERSON(S):

PHONE:

EMAIL:

EVENT:

EVENT DATE:

START:

END:

EVENT LOCATION:

PURPOSE:

ADDITIONAL NOTES:

Deposit Required: If so, amount:

Earliest possible access to set up:

Site needs to be vacated no later than:

TRANSPORTATION:

Will van service be provided?

Contact Person: Phone:

Departure time: Location:

Return Time: Location:

Confirmation date of transportation:

Areas where additional help is needed:

- ✓ Set-up:
- ✓ Clean-up:
- ✓ Decorations:
- ✓ Registration/sign-in table:
- ✓ Other:

CTK Staff Assistance as necessary:

- ✓ Arrival Time -
- ✓ Dismissal Time -
- ✓ Other:

EVENT PLANNING BUDGET FORM

PROPOSED BUDGET:

EXPENSES	PROJECTED AMOUNT
AV	
AWARDS	
DECORATION	
ENTERTAINMENT	
MEALS	
MISCELLANEOUS	
SET-UP	
SPEAKER/FACILITATOR HONORARIUM	
SUPPLIES	
TRAVEL	
TRANSPORTATION	
OTHER	
SUB-TOTAL:	
COST PER PARTICIPANT:	

REVENUE	PROJECTED AMOUNT
PARTICIPATION FEES	
PROGRAM REVENUE	
OTHER:	
FUNDRAISING	
SUB-TOTAL:	

NET SURPLUS/DEFICIT:	
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ADDITIONAL KEY NOTES:

CHECK REQUEST FORM
Christ the King Finance Office

Name: _____ Date: _____

Ministry Name: _____ Date Check needed: _____

Signature of Ministry Leader _____ Amount of Check?: _____

Date of Function: _____

Payable To: _____ Organization Check

Address: _____

Attn: _____

City: _____ State _____ Zip Code _____

Telephone number: () _____

Additional Comments: _____

NOTE: check request should be turned in at least seven (7) days before the check is needed. All receipts should be turned in at least three (3) days after your purchase.

.....
(Please do not write below this line, Finance office use only)

Pastor's Initials of Approval: _____ Account Number: _____

Finance Office Initials: _____

Check Number: _____

Receipt received: Yes No

REQUEST FOR REIMBURSEMENT

Christ the King Finance Office

Date: _____

Ministry Name: _____

Amount to be Reimbursed: \$ _____

Please state reason for reimbursement (why wasn't a check issued for this transaction?)

Reason for Purchase: (function, activity) _____

Date of purchase: _____ Date of function _____

Ministry Leader's Signature: _____

Picked up by: _____ Mail Check (Indicate Yes or No): _____

List the name or organization the check should be made payable to:

Address: _____

Attn: _____

City: _____ State _____ Zip Code _____

Telephone number: () _____

Additional Comments: _____

.....
(Please do not write below this line, Finance office use only)

Pastor's Initials of Approval: _____

Finance Office Initials: _____

Check Number: _____

Receipt received: Yes No

REQUEST FOR COPIES
Christ The King Church

All requests for copies must go through the Church Office. Copies will be made within 2 business days.

**Ministry Requesting
Copies**

Ministry Representative

**Purpose of
Request**

**Number of Copies
Requested**

Date Submitted

Date Needed

Please check for any special services:

_____ 3-hole punched

_____ Collated

_____ Stapled

_____ Colored paper *Requested color (if applicable)* _____

Ministry

Event

EXPENSE TRACKING FORM

Coordinator

Date of Event

Revenue

Date Deposited

Amount

Date Deposited	Amount

Total Revenue _____

Expenses

Date

Payee

Explanation of Expense

Amount

Date	Payee	Explanation of Expense	Amount

Total Expenses _____

Net Income/Loss

Audio/Tape/Visual (A/T/V) Ministry Request Form

Instructions:

- Requestor must complete sections 1 – 4 of the Audio/Tape/Visual Ministry request form.
- Ministry Leader requesting the project **must** sign and date the request.
- Forward completed form to the A/T/V Ministry mailbox.
- Upon receipt, of the request form the A/T/V Ministry leader will contact the requestor for any additional information needed. *Once the details have been confirmed the A/T/V Ministry leader will inform you of a completion date. (Please allow a minimum of 10 business days from the date of contact for the date of completion for each project).*
- Include in the Event Information section if future copies will be available for purchase through the Audio/Visual/Tape Ministry. If not, it will be the responsibility of the requestor to archive and reproduce future copy requests.

One project per form please.

1. Contact Information			
Name		Today's Date	
Ministry Name		Telephone Number	
2. Event Information			
Name/Title		Event Date	
Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Copies	Additional copies may be purchased through the Audio/Tape/Visual Ministry. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Type of Work/Description			
To expedite completion of your request, please provide us specific/detailed information.			
<input type="checkbox"/> Audio	<input type="checkbox"/> Tape (Duplication)	<input type="checkbox"/> Visual (Sanctuary only)*	
<input type="checkbox"/> Other (Be specific)			
Special Instructions (i.e. vocal, instrumental etc.)			
Special Set-Up Required <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide detailed information in the space provided below)			
4. Authorized Signature			
This Audio/Tape/Visual Ministry Request Form will not be processed without the authorized signature of the requesting			
PRINT NAME _____		SIGNATURE _____	DATE _____

5... Audio/Tape/Visual Ministry Use Only			
Date received:	A/T/V Ministry member assigned to project:		
<small>Document information obtained during the fact finding process below</small>			
Time:	Date:	Agreed upon completion date:	
Comments:			
Authorized Signature (Audio/Tape/Visual Ministry Leader Only):			
Authorization of the project must be obtained from the Audio/ Tape/Visual Ministry Leader prior to the start of the project.			
PRINT NAME* _____		SIGNATURE _____	DATE _____

* The visual ministry does not create PowerPoint presentation. If you are requesting visual equipment, please check other and list the type of visual equipment needed in the area titled special instruction.

CTK PROGRAM AND MINISTRY
WORK ORDER FORM

DATE OF
REQUEST: _____

DATE NEEDED
BY: _____

NAME OF
REQUESTOR: _____

FOR WHICH AUXILIARY AND/OR
FUNCTION: _____

SET-UP REQUIRING:

SPECIFIC INSTRUCTIONS IF NEEDED FOR SET-UP:

PLEASE REMEMBER TO GIVE AT LEAST A THREE DAY NOTICE FOR ALL WORK NEEDED.

THANK YOU

AFTER ACTION REVIEW (EVENT DEBRIEF)

The best opportunity to identify opportunities for improvement is within 72 hours or less of an event taking place, while the experience is still fresh in your memory. Please take a moment to complete this event debrief with key leadership and ministry team members and return to the director of program and ministry development within three days after the completion of your event. Thank you.

EVENT:

DATE:

PERSON CONDUCTING DEBRIEF:

CONTACT:

1. What was the mission of the event?

2. Accomplishments – What went well?

3. Areas For Improvement – how can this event be improved?

4. Actions – what future actions will be incorporated to generate 5-star experiences for the event's participants?

5. What – if any – were the challenges and lessons learned for the leadership of the event?

EVENT PLANNING CHECKLIST:

EVENT:

CATEGORY	ACTION ITEM	ASSIGNED	DUE	✓
ATTENDANCE/REGISTRATION LIST:				
BUDGET:				
VOLUNTEERS/CHAPERONES:				
COORDINATION WITH OTHER MINISTRIES				
FACILITATORS/GUEST SPEAKERS:				
SPECIAL GUESTS:				
MARKETING/MAILINGS:				
MEALS:				
PARKING (IF NECESSARY):				
PRESENTORS:				
CHECK REQUESTS:				
ROOM RESERVATION(S):				
SPEAKERS FEES:				
SPECIAL ARRANGEMENTS:				
SPECIAL COORDINATION				
TRANSPORTATION				
TRAVEL				
OTHER:				

CTK EVENT ACTION PLAN

Event Point Person (Ensures that goals move forward):

Objectives/Activities	Dates	Person(s) Involved	Projected Expense	Products/ Results	Measure(s) of Success
120 DAYS OUT (4 MONTHS) 1. 2. 3. 4.					
90 DAYS OUT (3 MONTHS) 1. 2. 3. 4.					
60 DAYS OUT (2 MONTHS) 1. 2. 3. 4.					
30 DAYS OUT (1 MONTH) 1. 2. 3.					