



Ministry Event Worksheet

Updated
3.27.19

Today's Date: _____

(Events will be put on the calendar when worksheet is turned in to office)

Event Title: _____

Event Date: _____

Contact person & phone number: _____

Time of Event: Beginning: _____ Ending: _____

Location of Event: _____

Nursery Needed: _____ Yes _____ No

(all nursery workers MUST be NazSafe certified)

Facilities Needed:
(check all that apply)

Equipment Needed:
(check all that apply)

<input type="checkbox"/>	Gym	<input type="checkbox"/>	Sound
<input type="checkbox"/>	Gym Classrooms	<input type="checkbox"/>	Audio/Visual <input type="checkbox"/> Projector <input type="checkbox"/> TV <input type="checkbox"/> DVD
<input type="checkbox"/>	Narthex	<input type="checkbox"/>	Tables/Chairs
<input type="checkbox"/>		<input type="checkbox"/>	_____ tables (how many)
<input type="checkbox"/>		<input type="checkbox"/>	_____ chairs (how many)

Communication Type & Date

Communication Type	When	Date	Completed (initial)
Social Media	8-10 weeks		
Website	6-10 weeks		
Social Media	6-8 weeks		
Newsletter	6-8 weeks		
Digital/Print Graphic	4 weeks		
Bulletin	2-3 weeks		
Announcement	2-3 weeks		
Sign-Up	2 weeks		

* Contact person is responsible for providing information for publications