

## Ministry Proposal Form

Submission Date: \_\_\_\_\_

Department: \_\_\_\_\_ Department Head: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Ministry: \_\_\_\_\_

Purpose: \_\_\_\_\_

Goals: \_\_\_\_\_

Method: \_\_\_\_\_

Proposed dates: \_\_\_\_\_

**Activity will take place at: Mt. Ennon  Other location**

<b>MINISTRY EVENT REQUIREMENTS</b>					
<b>Room(s) Requested:</b>	<b>No. of tables:</b>	<b>No. of chairs:</b>			
<b>Additional items needed for meeting/event:</b> <input type="checkbox"/> Easel/ Flip Chart/Markers <input type="checkbox"/> TV <input type="checkbox"/> Projector <input type="checkbox"/> Laptop <input type="checkbox"/> Podium <input type="checkbox"/> DVD (must be submitted 48 hrs prior to event) <input type="checkbox"/> CD Player <input type="checkbox"/> Microphones: ( <input type="checkbox"/> Floor <input type="checkbox"/> Lavalier <input type="checkbox"/> Table) <input type="checkbox"/> Other _____					
<b>Assistance needed from other ministries (these ministries will be contacted by the appropriate Department Head and/or Administrative support personnel pending proposal approval):</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Media Ministry <b>(CF)</b>  <input type="checkbox"/> Police Security  <input type="checkbox"/> Parking Lot Ministry  <input type="checkbox"/> Trustee Ministry  <input type="checkbox"/> Facilities Support                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Food Service Ministry <b>(CF)</b>  <input type="checkbox"/> Music/Arts Ministry <b>(CF)</b>  <input type="checkbox"/> Special Events Ministry  <input type="checkbox"/> Usher Ministry  <input type="checkbox"/> Website Ministry                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Member Services Ministry  <input type="checkbox"/> Transportation Ministry <b>(CF)</b>  <input type="checkbox"/> Nurses Ministry  <input type="checkbox"/> Greeters Ministry  <input type="checkbox"/> Other _____                 </td> </tr> </table>			<input type="checkbox"/> Media Ministry <b>(CF)</b> <input type="checkbox"/> Police Security <input type="checkbox"/> Parking Lot Ministry <input type="checkbox"/> Trustee Ministry <input type="checkbox"/> Facilities Support	<input type="checkbox"/> Food Service Ministry <b>(CF)</b> <input type="checkbox"/> Music/Arts Ministry <b>(CF)</b> <input type="checkbox"/> Special Events Ministry <input type="checkbox"/> Usher Ministry <input type="checkbox"/> Website Ministry	<input type="checkbox"/> Member Services Ministry <input type="checkbox"/> Transportation Ministry <b>(CF)</b> <input type="checkbox"/> Nurses Ministry <input type="checkbox"/> Greeters Ministry <input type="checkbox"/> Other _____
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Executive Pastor