

**Lifechanger Church**  
**ACTIVITY**  
**FORM**

(For Office Use Only)

Ministry Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Assistant Pastor \_\_\_\_\_ Date \_\_\_\_\_

Pastor Ted Estes \_\_\_\_\_ Date \_\_\_\_\_

Secretary \_\_\_\_\_ Date \_\_\_\_\_

**EVENT DESCRIPTION**

Total Estimated Budget: \_\_\_\_\_

Church Dept. \_\_\_\_\_ Name of Event \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Event Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Location \_\_\_\_\_

Out of town: Departure Time \_\_\_\_\_ Estimated Time of Return \_\_\_\_\_

At the church: Set-up time \_\_\_\_\_ Clean up /Ending time \_\_\_\_\_

**RESERVATIONS**

**VEHICLES:**  White Van  Rented Van  Rented Cargo Trailer  Flatbed Trailer

*(Your Group would be responsible for the second van rental fees.)*

**EQUIPMENT:**  Sound System  Overhead Projector  Whiteboard  TV  VCR  
 DVD player Other \_\_\_\_\_

**PERSONNEL:**  Sound Technician  Housekeeping Services  Ushers  Musicians  
Other \_\_\_\_\_

**BUILDING:**  Sanctuary  Fellowship Hall  Kitchen  Youth Hall  
 Classroom Number \_\_\_\_\_ Other \_\_\_\_\_

**HOTEL Rooms Needed?**

Yes  No How many rooms? \_\_\_\_\_ How many in each room? \_\_\_\_\_

Dates needed: Arrive \_\_\_\_\_ Leaving \_\_\_\_\_

**ADVERTISING**

**SUNDAY BULLETIN :** List dates to run the article \_\_\_\_\_

Insert Needed? \_\_\_\_\_ Cost to attend? \_\_\_\_\_

Contact Person \_\_\_\_\_ Contacts Phone Number \_\_\_\_\_

Comment \_\_\_\_\_

**ADVERTISING:**

- Care and Communication Card  Newspaper  Flyer / Poster
- Television / Radio Community Calendar  Website  Sign Up Sheet  Email Blast
- Mail Out: Letter? \_\_\_\_\_ Post card? \_\_\_\_\_ Invitation? \_\_\_\_\_

Comment \_\_\_\_\_

**Back page must be filled out as well before your requests can be processed.**

**Your budget amount must be preapproved before other actions are taken.**

<b>Outside the Building</b>	
	<b>Estimated Cost</b>
Lodging, Hall Fee's, etc.	
Registration	
Vehicle Expense	
Other	
<b>TOTAL</b>	

<b>Refreshments</b>	
	<b>Estimated Cost</b>
Food	
Drinks	
Paper Products	
Other	
<b>TOTAL</b>	

<b>Accounting Details</b>
<b>How many checks are needed?</b>
Date needed by:
Will there be credit card purchases?
Details
TOTAL Expenses Estimated: _____

<b>Decorations (list)</b>	
	<b>Estimated Cost</b>
<b>TOTAL</b>	

<b>Guest Speaker Expenses</b>	
	<b>Estimated Cost</b>
Honorarium / Love Offering.	
Travel	
Hotel	
Food	
Gift Basket	
Other	
<b>TOTAL</b>	

**Comments**

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<b>Advertising (1 sided sheet)</b>	
	<b>Fee</b>
Postcard	
Letter (black and white)	
Letter (color)	
Other	
<b>TOTAL</b>	

<b>Prizes</b>	
	<b>Estimated Cost</b>
Ribbons, Plaques, Trophies	
Gifts / Door Prizes	
Other	
<b>TOTAL</b>	