

# Ministry Planning Worksheet

First United Methodist Church, 141 East Gay Street,  
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**THIS BOX FOR CHURCH USE ONLY!**

APPROVED BY: \_\_\_\_\_

NOTICE TO USER: \_\_\_\_/\_\_\_\_/\_\_\_\_

COPY TO CUSTODIAN: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSTED TO CALENDAR: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM MUST BE COMPLETED AND APPROVED AT LEAST TWO WEEKS BEFORE EVENT!**

Event/User: \_\_\_\_\_

(Print name of the event, group, class, etc.)

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a new event? YES NO

Day of Week: Mon. Tues. Wed. Thu. Fri. Sat. Sun.

Changing an event now on schedule? YES NO

Recurring Event? \_\_\_ NO \_\_\_ YES

If YES, how often? \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Weekly \_\_\_ Daily

Begin/End Date (if recurring): \_\_\_\_\_ / \_\_\_\_\_

Time of Event: \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Time Facility is Needed: FROM: \_\_\_\_\_ am / pm TO: \_\_\_\_\_ am / pm

Group Size: \_\_\_\_\_ (Estimated)

Facilities (rooms) preferred: \_\_\_ FLC (cap. 200) \_\_\_ Aldersgate (cap. 25) \_\_\_ Small Room (up to 20)

\_\_\_ Other, specify: \_\_\_\_\_

Responsible Person

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Alternate Responsible Person

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## EQUIPMENT AND SET-UP NEEDS:

(check all that apply):

\_\_\_ Tables How many? \_\_\_\_\_

\_\_\_ Chairs How many? \_\_\_\_\_

\_\_\_ Sound System Tech needed? \_\_\_ YES \_\_\_ NO

SPECIAL NEEDS/REQUESTS: (Use back if necessary)

## FOOD SERVICE/CHILDCARE NEEDS

Childcare needed for \_\_\_\_\_ children.

(enter 0 if not needed)

Refreshments/Food needed? \_\_\_ YES \_\_\_ NO

FOOD/REFRESHMENT NEEDS:

(Use back if necessary)

## PUBLICITY REQUESTED

\_\_\_ Church Newsletter \_\_\_ Bulletin

\_\_\_ Public Press Release \_\_\_ Slide in Church

\_\_\_ Slide on Atrium Marquee

NOTE: You must supply your own article, announcement, photos, and details at least two weeks before your event by email to [publisher@umcburg.org](mailto:publisher@umcburg.org)

## SUBMISSION INFORMATION (Complete at time you bring this form to the office.)

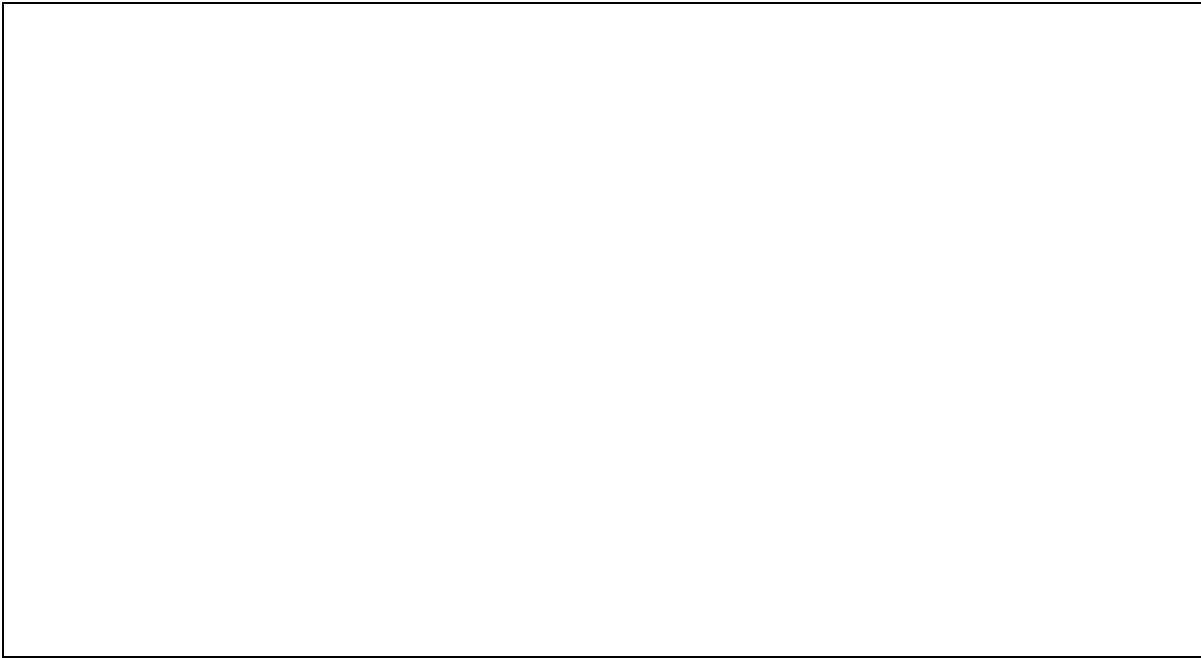
Your Signature \_\_\_\_\_

Office Signature \_\_\_\_\_

Office Printed Name \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

DIAGRAM OF YOUR REQUESTED SET-UP FOR TABLES/CHAIRS



SPECIAL NEEDS, REQUESTS, FOOD, CHILDCARE NOTES...

