

Date Submitted: _____
Posted: _____

Submitted to: The church office a minimum of 6 weeks prior to the event
Approval: _____ (Fr. Al) Approval: _____ (CS)
Meeting Date if necessary (CS) _____

PLEASE CALL THE OFFICE IF CHANGES NEED TO BE MADE OR IF THE EVENT IS CANCELLED

CHURCH EVENT PLANNING FORM

Please keep in mind that all activities must be consistent with Santa Maria del Mar's mission of Stewardship Hospitality/Prayer/Formation/Service as well as the mission/purpose of your ministry*

Event Name: _____

Date Requested: _____ Alt. Date: _____ Time: _____ to _____

Location: _____ Group Size: _____

Ministry Sponsoring: _____

Individual(s) Responsible for Coordination of Event: _____
2 Required _____

1st Email: _____ Phone Number(s) _____

2nd Email: _____ Phone Number(s): _____

Hospitality (Welcome/Name Tags): _____ Assigned To: _____

EMs/Lector: _____ Yes _____ No Assigned To: _____

Organ: _____ Yes _____ No Assigned To: _____

Cantor: _____ Yes _____ No Assigned To: _____

Ushers: _____ Yes _____ No Assigned To: _____

Golf Carts: _____ Yes _____ No Assigned To: _____

Outdoor Lighting: _____ Yes _____ No Heat/Air: _____ Yes _____ No Security: _____ Yes _____ No

Person Responsible for Clean-up: _____ Phone: _____

Person Responsible for Lock Up and Lights Out: _____ Phone: _____

Promotion Options:

() Bulletin (copy due to cindyser@bellsouth.net 14 days prior to publication)

(dates of insertion plus copy attached)

() Newspaper (copy and budget approved _____)

() Program/Handouts: _____ Yes _____ No Assigned To: _____

Budget: Income Potential (detail)

Expense (detail)

Supplies/Equipment Needed _____ Setup if needed (attach diagram) _____

Date Submitted: _____

Submitted to: The church office a minimum of 6 weeks prior to the event

Posted: _____

Approval: _____ (Fr. Al)

Approval: _____ (CD)

Meeting Date if necessary (CS) _____

PLEASE CALL CINDY D'AGOSTINO IF CHANGES NEED TO BE MADE OR IF THE EVENT IS CANCELLED

HALL EVENT PLANNING FORM

Please keep in mind that all activities must be consistent with Santa Maria del Mar's mission of Stewardship Hospitality/Prayer/Formation/Service as well as the mission/purpose of your ministry*

Event Name: _____

Date Requested: _____ Alt. Date: _____ Time: _____ to _____

Ministry Sponsoring: _____ Group Size: _____

Individual(s) Responsible for Coordination of Event: _____

2 Required

1st Email: _____ Phone Number(s) _____

2nd Email: _____ Phone Number(s): _____

Setup Plan: (attach plan) _____ Tear Down Plan: _____

Clean Up Plan: Who/When _____

Hospitality (Welcome/Name Tags): _____ Assigned To: _____

Refreshments: _____ Assigned To: _____

Full Meal: : _____ Assigned To: _____

Outside Lighting _____ Yes _____ No Security _____ Yes _____ No

Outside Vendors Used: _____ Insurance Certificate Attached _____

Person Responsible for Turning Off Lights: _____ Phone: _____

Person Responsible for Turning Off AC/Heat: _____ Phone: _____

Person Responsible for Turning Off Fans: _____ Phone: _____

Person Responsible for Lock Up: _____ Phone: _____

Supplies/Equipment needed _____

Promotion Options:

() Bulletin (copy due to cindyser@bellsouth.net 14 days prior to publication)

(dates of insertion plus copy attached)

() Newspaper (copy and budget approved _____)

() Program/Handouts: _____ Yes _____ No Assigned To: _____

Budget: Income Potential (detail)

Expense (detail)

Date Submitted: _____
Posted: _____

Submitted to: The church office a minimum of 6 weeks prior to the event
Approval: _____ (Fr. AI) Approval: _____ (CD)
Meeting Date if necessary (CS) _____

PLEASE CALL CINDY D'AGOSTINO IF CHANGES NEED TO BE MADE OR IF THE EVENT IS CANCELLED

LEARNING CENTER EVENT PLANNING FORM

Please keep in mind that all activities must be consistent with Santa Maria del Mar's mission of Stewardship Hospitality/Prayer/Formation/Service as well as the mission/purpose of your ministry*

Event Name: _____

Date Requested: _____ Alt. Date: _____ Time: _____ to _____

Room: _____

Ministry Sponsoring: _____

Individual(s) Responsible for Coordination of Event: _____

2 Required

1st Email: _____ Phone Number(s) _____

2nd Email: _____ Phone Number(s): _____

Person Responsible for Clean-up _____ Phone: _____

Person Responsible for Lock Up and Lights Out: _____ Phone: _____

Supplies/Equipment needed: _____

Outdoor Lighting: ____ Yes ____ No Heat/Air ____ Yes ____ No

Security ____ Yes ____ No

Food ____ Yes ____ No Assigned to _____

Refreshments ____ Yes ____ No Assigned to _____

Outside Vendors used _____ Insurance Cert. Attached _____

Promotion Options:

() Bulletin (copy due to cindyser@bellsouth.net 14 days prior to publication)

(dates of insertion plus copy attached)

() Newspaper (copy and budget approved _____)

() Program/Handouts: ____ Yes ____ No Assigned To: _____

Budget: Income Potential (detail)

Expense (detail)

SMDM POST EVENT ASSESSMENT

Event _____ Date _____

Was your event a success? Why or why not? _____

Did you encounter any unforeseen problems? _____ Yes _____ No

If yes, how can you better prepare in the future? _____

Name/Signature

Date