



Event Proposal Form

St. Martin Church of Christ, Inc.

Please complete the following information form and return to the Church Administration or any Elder/Deacon. **Please PRINT legibly.** Additional attachments with corroborating information for a given proposed event are encouraged.

Requesting Member Name:

Contact Information:

Contact Phone:

Best Time for Us to Call:

| | |
|--|-----------|
| | MORNINGS |
| | AFTERNOON |
| | EVENINGS |

Email Address:

Please note: For record keeping purposes, the St. Martin Administrative team prefers to reply back to requestors via email correspondence, therefore please provide a valid email address that is maintained consistently.

Sponsoring Ministry/Axillary:

Proposed Event/Activity Title:

Proposed Event/Activity Date(s):

Check all days that apply

| | |
|--|-----------|
| | MONDAY |
| | TUESDAY |
| | WEDNESDAY |
| | THURSDAY |

| | |
|--|----------|
| | FRIDAY |
| | SATURDAY |
| | SUNDAY |

Calendar Date(s)

| | | | |
|------|----|----|------|
| | 00 | 00 | XXXX |
| THRU | | | |
| | 00 | 00 | XXXX |

Proposed Event/Activity Start Time:

AM PM

Proposed Event/Activity Duration (including setup and clean up):

Hours

Location of Proposed Event/Activity:

IN-HOUSE *(Event WILL take place on or within SMCOG grounds)*

| | |
|--|--------------|
| | SANCTUARY |
| | JR CHURCH |
| | DINNING ROOM |
| | LOBBY |
| | OUTSIDE |

OFF-SITE *(Event WILL NOT take place on or within SMCOG grounds)*

Please provide off- site location name and address

Please provide the purpose for the proposed event/activity:



Event Proposal Form

Will this event require the use of the SMCOC Kitchen space?

YES NO

Will this event require the use of SMCOC kitchen equipment or supplies?
If so, please detail needed equipment or supplies below

YES NO

Will this event require use of SMCOC audio visual equipment?

YES NO

If so, please check all that apply. If equipment is not listed, please list in box below.

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | SANCTUARY SOUND SYSTEM |
| <input type="checkbox"/> | MICROPHONES |
| <input type="checkbox"/> | LAPTOP |
| <input type="checkbox"/> | PROJECTOR |
| <input type="checkbox"/> | SCREEN |

Quantity _____

List all persons or groups for which this proposed event/activity is intended for:

IN-HOUSE

GUESTS

How will the proposed event/activity be financed?

The following attachments have been submitted with this proposal:

REQUISITION FOR SUPPLIES

ADDITIONAL DOCUMENTATION

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date

Calendar check by Admin Office

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | DATE IS OPEN |
| <input type="checkbox"/> | DATE IS NOT OPEN |

Pastor's Authorization:

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | APPROVED |
| <input type="checkbox"/> | DECLINED (resubmit) |
| <input type="checkbox"/> | DECLINED (do not resubmit) |

COMMENTS:

ADMIN OFFICER _____ DATE _____