



11275 SOUTHERN MARYLAND BLVD • DUNKIRK, MD 20754
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WWW.DUNKIRKBAPTISTCHURCH.ORG

Activities/Events Request Form

Please fill out completely & submit at least 30 days prior to the Activity/Event Date.

_____ Original Request

_____ Revised Request (Circle changes; give original date of event if changed)

Date Submitted: _____	Submitted by: _____
Ministry Team: _____	Telephone #: _____
EVENT TITLE: _____	
DATES: One Day Event – Date: _____ Rain Date/Alternate Date: _____ Weekly Dates: S M T W T F S Start Date: _____ End Date: _____ Multiple Dates: Please list: _____	TIMES: (if Multiple dates, please list the date as well): Set-Up: Start: _____ End: _____ Event: Start: _____ End: _____ Cleanup: Start: _____ End: _____
ROOMS:	SET-UP:
<input type="checkbox"/> Sanctuary <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Connect Center <input type="checkbox"/> Kitchen <input type="checkbox"/> Men’s Classroom <input type="checkbox"/> Ladies Classroom <input type="checkbox"/> Nursery <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Stage needs to be cleared FURNITURE NEEDS: <input type="checkbox"/> Tables How many? _____ <input type="checkbox"/> Chairs How many? _____ <input type="checkbox"/> Other, please specify: _____ Leader Responsible: _____
AUDIO/VISUAL:	PUBLICITY (check all that apply):
<input type="checkbox"/> Audio Recording <input type="checkbox"/> TV/VCR <input type="checkbox"/> CD Player <input type="checkbox"/> Video Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Video Recorder <input type="checkbox"/> Microphones How many? _____ Audio/Visual Technician: _____	<input type="checkbox"/> Announcements <input type="checkbox"/> BCMD Baptist Life <input type="checkbox"/> Sunday Bulletin <input type="checkbox"/> County Newspaper <input type="checkbox"/> DBC E-News <input type="checkbox"/> Special Mailing <input type="checkbox"/> PBA Newsletters <input type="checkbox"/> Website <input type="checkbox"/> Other(s): _____
CHILD CARE:	SECURITY:
<input type="checkbox"/> Child Care will be provided <input type="checkbox"/> Child Care will not be provided	Who will be responsible for opening the building and disarming the alarm? _____ Who will be responsible for arming the alarm and locking the building? _____
CLEAN-UP:	PARKING & HIGHWAY:
<input type="checkbox"/> Trash Pick-up and emptied in the dumpster <input type="checkbox"/> Floors Swept and/or vacuumed <input type="checkbox"/> Floors mopped (Kitchen, Restrooms, and Foyer) <input type="checkbox"/> Rooms restored to original order Leadership Responsible: _____	<input type="checkbox"/> Parking Lot Attendants will be required. <input type="checkbox"/> Highway Exit Control will be needed Leader Responsible: _____
MINISTRY TEAMS:	CLEAN-UP:
The following Ministry Teams have been contacted to help with this event: <input type="checkbox"/> Audio Visual <input type="checkbox"/> Music <input type="checkbox"/> Connection <input type="checkbox"/> Prayer <input type="checkbox"/> Hospitality <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Trash Pick-up and emptied in the dumpster <input type="checkbox"/> Floors Swept and/or vacuumed <input type="checkbox"/> Floors mopped (Kitchen, Restrooms, and Foyer) <input type="checkbox"/> Rooms restored to original order Leadership Responsible: _____

FOOD & BEVERAGES:

Food & Light Refreshments will be served
 Church Members will be asked to bring food & bev.
 A Meal will be served
 The Hospitality Ministry Team will provide food & bev.
 Other (please specify)
Leadership Responsible: _____

PERMISSION SLIPS:

This event will involve minors away from premises
 Event Permission Slips will be required
 Medical Permission Slips will be required
Leadership Responsible: _____

COUNSELORS:

Counselors will be needed for this event
 Counselor training will be provided:
Date & Time: _____
Leadership Responsible: _____

TRANSPORTATION:

Transportation will be required for:
 A guest speaker or performing artist
 The participants of this event
 Other (please specify):

Transportation Modes:

Car Van
 Car Pools Bus
 Other (specify):

FINANCIAL INFORMATION:

Please provide an estimate of expenditures:

_____ Transportation
_____ Lodging
_____ Speaker Honorarium
_____ Performing Artist(s)
_____ Food & Beverage
_____ Publicity
_____ Other (please specify):
_____ Other (please specify):
_____ TOTAL ESTIMATED EXPENDITURES]

_____ Amount budgeted for this event?
_____ BUDGET LINE ITEM

ONLINE REGISTRATION

DEFRAYING EXPENDITURES:

Attempt to recuperate expenditures will not be made
 Attempt to recuperate expenditures will be made by:
Circle all that apply:
*Love Offering * Special Offering
*Participation Fees \$_____ Charge
*Ticket Sales \$_____ Charge
*Individual Contributions of: _____
*Other (please specify):

MUSIC:

The following will be needed for this event:
 Song Leader; who: _____
 Pianist; who: _____
 Praise Band; who: _____
 Other (please specify): _____

COMMENTS:

APPROVED DENIED PENDING

INITIAL BELOW:

_____ RECEPTIONIST _____ FINANCE _____ TRUSTEES _____ PROMOTION

SIGNIATURE OF APPROVAL FROM PASTOR:

DATE: _____