



# House of Prayer

## *Ministries by Faith*

### Event Request Form

#### Planning:

Ministry Name:		Date Submitted:	
Request Submitted by:			
Event Name:			
Event Cost Estimate:			
Event Location:			
Event Description:			
Preferred Date:		Alternate Date:	
		Time:	
Required Church Staff			

Event Type (Check all that apply)

	Service Event - Outreach to service or market to the community or congregation
	Worship Event - A fellowship event hosted to uplift the name of God & his son Jesus Christ
	Learning Event - An event hosted to educate members of the congregation or community

Please list all committee members, roles and contact information. (\*) **Required**

Role	Name (First and Last)	Phone #	Email
Chair Person*			
Co-Chair/ Vice Chair			
Treasurer*			
Marketing/Publicity			



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**Budget:**

**Estimated Income**

Tickets/Admission	
Gifts/Donations (special offering should not be counted)	
HOPMBF Contribution	
Ad-Book	
<b>Total Income</b>	<b>\$-</b>

**Estimated Expenses**

Venue	
Publicity	
Food	
Entertainment	
Decorations	
Stipends	
<b>Total Expenses</b>	<b>\$-</b>

**Estimated Profit**

$$\begin{array}{rcccl}
 \$ & & - & \$ & = & \$ \\
 \text{(Total Income)} & & & \text{(Total Expense)} & & \text{(Profit)}
 \end{array}$$

**Event Tithe**

$$\begin{array}{rcc}
 \$ & * 10\% = & \$ \\
 \text{(Profit)} & & \text{(Tithe)}
 \end{array}$$