

St. Peter's Episcopal Church
MINISTRY EVENT REQUEST

Please print clearly. Use ink only.

Date Submitted: ____/____/____

Event Name: _____

Event Date: ____/____/____ to ____/____/____ Day of Week: _____

Event Start Time: _____ End Time: _____

Setup Date: _____ Setup Time: _____

If Recurring, List Dates/Times: _____

Is this a Church-wide event? __ Yes __ No Community-wide? __ Yes __ No

Event Description & Purpose: _____

Contact Person: _____

Phone and Email: _____

Name of Ministry/Committee: _____

Event Location

On-Campus Event

Room(s) Needed:

Rooms are to be returned to condition they were found in unless otherwise instructed.

Off-Campus Event

Location: _____

Transportation Needed: __ Yes __ No

List Transportation Arrangements: _____

Resources Requested

__ Music Describe: _____

__ Audio/Visual Equipment Describe: _____

__ Childcare Age range: _____

****Church insurance requires on-campus childcare to be staffed by church employees only.****

Event Expense

Cost Per Person: \$ _____

Money due by: ____/____/____

Reason for cost: _____

****Collected money is to be received and recorded by the Church Financial Office.****

If funds are requested from Church Ministry Accounts (Designated Funds), list Vendor names and amount requested:

****Requests for ministry funds must have a Request for Payment submitted and approved.****

Publicity/Communication

Approved events will be posted on the official Church Calendar, Website, Social Media, Weekly Email Distribution, Bulletin and Newsletter.

List any additional publicity requests: _____

Is Registration Required? __ Yes __ No

If "yes," indicate preferred method: _____

Additional Information: _____
