SHILOH BAPTIST CHURCH
INTERNAL EVENT FORM

Rev. Dr. Danielle L. Brown, Senior Pastor

CONTACT INFORMATION

Today's Date: _____

Ministry: _____

Full Name of Ministry Leader: _____

Full Name of Ministry Event Chairperson: _____

Event Chairperson Email Address: _____

Event Chairperson Cell Phone #: _____ Home Phone #: _____

EVENT DETAILS

Name of Event: _____

Purpose of Event: _____

Targeted Population: _____

Event Description: _____

Expected Goals: _____

Requested Date(s) of Event:
Please list your top 3 dates of choice in order. For ex: #1 = top choice, #2 = secondary choice, #3 = last choice

Date #1: _____ **Date #2: _____** **Date #3: _____**

Will this event be: ☐ In Person ☐ Virtual ☐ Hybrid (online & in-person)

Type of Event:

☐ Meeting ☐ Celebration ☐ Workshop ☐ Breakfast ☐ Luncheon
☐ Dinner ☐ Ceremony ☐ Filming ☐ Concert/Program
☐ Other: _____

Requested Locations for Event:

If you are requesting this event to be held off site (ex: ministry outing, retreat, conference, etc.), please select other and add specific details.

☐ Sanctuary ☐ Cultural Arts Center/Gym ☐ Media and Production Suite ☐ Outdoor Areas (parking lots)
☐ Lobby Area (Vestibule/Chapel Area) ☐ Conference Room ☐ Choir Room
☐ Other: (please specify) _____

Start Time of Event: _____ End Time of Event: _____

Amount of Time Needed to Set Up: _____ Break Down: _____

Expected # of Attendees: _____ Maximum # of Attendees Allowed (if applicable): _____

GUEST SPEAKER RECOMMENDATIONS

You are welcome to make recommendations; however, the final decision is at the discretion of the Senior Pastor. Do not contact or extend any invitations to speaker(s) or guest artist(s). All communication will be handled by the office of the Senior Pastor.

Will there be guest speakers or artists invited? ☐Yes ☐No
If yes, please list below along with who they represent or are affiliated with (if applicable).

Guest 1: _____ Guest 4: _____

Guest 2: _____ Guest 5: _____

Guest 3: _____ Guest 6: _____

Additional guests (if applicable): _____

_____

_____

PROJECTED EXPENSES

Please attach your projected expenses for this event. **The event will not be considered for approval without the submission of projected expenses.** Pastor Brown will review your projections and adjust them accordingly.

What is your overall projected budget for this event? _____

Will this event require pre-registration? ☐Yes ☐No

If yes, who from your team will cover pre-registration and sign up for this event?

Person 1: _____ Person 4: _____

Person 2: _____ Person 5: _____

Person 3: _____ Person 6: _____

Will you be fundraising for this event? ☐Yes ☐No
If yes, please describe fundraising plans below.

_____

Will there be a fee to attend the event? ☐ Yes ☐ No **If *yes, please answer questions below.***

How much is the proposed cost per person? Child _____ Adult _____ Seniors _____

What is the projected start/end date of ticket sales or pre-registration for this event? _____

What platforms do you wish to use for ticket sales or registration?
☐ In person ☐ Online ☐ Both

Will tickets/registration be available the same day of the event? ☐ Yes ☐ No *If yes, please see below answer the following:* **Will the cost remain the same?** ☐ Yes ☐ No

If no, please indicate same day prices below: Child _____ Adult _____ Seniors _____

KITCHEN USE

The Director of Logistics will meet with you to discuss the Kitchen Checklist and Agreement.
No cooking is allowed unless a certified member of the Culinary Arts Ministry is present.

Note: You are responsible for supplying all kitchen items such as: serving utensils, eating utensils, cups, plates, napkins, linens, etc. Please include the purchase of these items in your projected expenses.

Will food be served at this event? ☐ Yes ☐ No

Who will prepare the food?
☐ Shiloh Culinary Arts Ministry
☐ Outside Caterer: ***All outside caterers must provide a $1 million insurance liability certificate with Shiloh Baptist Church added for the date of the event***
☐ Other:_____
If you selected caterer or other, please complete the section below.

Caterer's Full Name: _____

Caterer's Business Name (if applicable): _____

Caterer's Address, City, State, Zip: _____

_____

Caterer's Cell Phone #: _____ Caterer's Business Phone #: _____

Caterer's Email Address: _____

A Clean Up Crew is required for access to the kitchen. Please list below the individuals who will be responsible for cleanup.

Person 1: _____ Person 4: _____

Person 2: _____ Person 5: _____

Person 3: _____ Person 6: _____

EVENT SET UP

Will you need tables and chairs set up? ☐Yes ☐No ***Please indicate the quantity on the layout form***

Will you need to rent any additional items for set up? ☐Yes ☐No

*If yes, please describe the items you will need to rent on the **Projected Budget Form**.*

Will this event require decorations? ☐Yes ☐No

*If yes, please list desired decorations below on the **Projected Budget Form** and who will decorate.*

RESOURCES AND MEDIA REQUESTS

Please select all additional equipment that is being requested along with the quantity.

☐Microphones ☐Sound System/Speakers ☐CD Player ☐TV w/ HDMI cord

☐Lectern/Podium ☐TV w/ DVD player ☐White Board ☐Flip Chart/Easel

☐Wireless Internet

Are you requesting this event be recorded? ☐Yes ☐No
Are you requesting this event be live streamed? ☐Yes ☐No

Note: A Shiloh Media Team member must be present if the above items are needed. ***Initials***_____

Will a program or print materials be needed for this event? Yes No

Verbiage for flyer: _____

_____

Do you plan to pass flyers out in the community? ☐Yes ☐No

If yes, please list possible outreach dates? _____

Please select any additional media requests that may be needed:

☐Photography ☐Videography ☐Video Promo or Tribute/Photo Montage

☐Digital Marketing ☐Poster Prints ☐ Signs ☐ Other:_____

Note: Items below may result in additional fees. ***Initials***_____

PROJECTED BUDGET

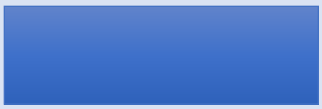
Store		BJ's (example)		
Item Name/Description (include Color)		**Cost per pack**	**Quantity**	**Total**

Store		Hobby Lobby (example)		
Item Name/Description (include Color)		**Cost per pack**	**Quantity**	**Total**

Rental(s) and/or Additional Expense(s)				
Item Name/Description		**Quantity**		**Total**

Floor Plans and Layout

Number of Round Tables:



Number of Rectangle Tables:

Number of Food Tables:

Number of Chairs **(number of chairs per row & number of rows):**

Please describe any additional setup requirements:

I acknowledge that by signing this document, I have received, read and understand the Kitchen Use Guidelines, Event Information Document and Requirements for hosting a ministry event.

Name of Person Completing Form (PRINT): _____

Signature: _____ **Date:** _____

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FOR OFFICE USE ONLY

☐ **Approved** ☐ **Not Approved** ☐ **Further Discussion Required**

Reasons for Disapproval/Discussion Items:

_____

_____

_____

_____

_____

_____ _____

Senior Pastor **Date**

The following people have been assigned to this event:

Finance Committee: _____

Logistics Team: _____

Kitchen Committee: _____