

# SHILOH BAPTIST CHURCH INTERNAL EVENT FORM



Rev. Dr. Danielle L. Brown, Senior Pastor

# IMPORTANT INFORMATION

To secure an event on the Shiloh Baptist Church calendar, this form must be completed and submitted **no less than 6 weeks** prior to the projected start date of the event. The following steps will ensure proper coordination and maximum success of the proposed event.

## STEPS:

1. Submit this form in its entirety, **including the Projected Expense Sheet** if applicable, via email to [admin@shilohplainfield.org](mailto:admin@shilohplainfield.org) or to the church administrative office.
2. Once forms are submitted, you will receive a confirmation email.
3. Please allow at least 2 weeks for full approval.
4. Once the event is approved, you will receive a copy of this form signed by the Senior Pastor and Director of Administration, along with an email that entails next steps to help guide you in your event planning process.
5. All ministry events will be assigned a representative from the Finance Committee and if necessary, a representative from the Logistics Team.

## PLEASE NOTE:

- Your request is not approved until you receive an approved and signed copy of this form, along with written confirmation from the administrative team. Under no circumstances should the event be advertised prior to approval of event.
- Speaker and Artist invitations are at the discretion of the Senior Pastor and invitations are extended from the Office of the Senior Pastor. You are welcome to list your recommendations for guest and/or in-house speakers in the designated section within this form.
- No reimbursements will be given for expenses that are not pre-approved. Our Comptroller and your Finance Committee Representative will work with you to ensure you have all necessary funds and payments in a timely manner.
- Under no circumstances are ministry leaders or volunteers authorized to enter contracts with vendors on behalf of Shiloh Baptist Church. Once this form is completed and approved our church officers will review and sign any necessary contracts.

## CONTACTS:

Director of Administration, Sister Jaelynn Holder: [admin@shilohplainfield.org](mailto:admin@shilohplainfield.org) | 908-754-3353 ext. 119

Office Manager, Sister Marleen Powell: [officeassistant@shilohplainfield.org](mailto:officeassistant@shilohplainfield.org) | 908-754-3353 ext. 100

## CHURCH OFFICE OPERATION HOURS:

Sunday: 8-2pm | Monday – Thursday: 9-5pm

**CONTACT INFORMATION**

Today's Date: \_\_\_\_\_

Ministry: \_\_\_\_\_

Full Name of Ministry Leader: \_\_\_\_\_

Full Name of Ministry Event Chairperson (if not Ministry Leader)  
\_\_\_\_\_

Event Chairperson Email Address: \_\_\_\_\_

Event Chairperson Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ Event Chairperson Home Address

\_\_\_\_\_ City State Zip

**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 (virtual & 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) \_\_\_\_\_

Will this event require the "Jesus Bus" or other transportation?  Yes or  No

*If yes, please specify here:*

\_\_\_\_\_  
\_\_\_\_\_

Start Time of Event: \_\_\_\_\_ End Time of Event: \_\_\_\_\_

Amount of Time Needed to Set Up: \_\_\_\_\_

Amount of Time Needed to Break Down: \_\_\_\_\_

Expected # of Attendees: \_\_\_\_\_

Maximum # of Attendees Allowed (if applicable): \_\_\_\_\_

**GUEST SPEAKER/ARTIST RECOMMENDATIONS**

Please note that all speakers and artists are at the discretion of the Senior Pastor and invitations are extended from the Office of the Senior Pastor. Please list your recommendations below:

Will there be guest speakers or artists invited?  Yes or  No

*(Please include their bio, affiliated organization(s), and contact information.)*

Guest 1: \_\_\_\_\_ Guest 4: \_\_\_\_\_

Guest 2: \_\_\_\_\_ Guest 5: \_\_\_\_\_

Guest 3: \_\_\_\_\_ Guest 6: \_\_\_\_\_

Additional guests (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**FINANCE/ REGISTRATION**

Please complete the fields below if your event requires any expenses. Additionally, please input your list of projected expenses for this event on page 5 or attach to this form when submitting.

**The event will not be considered for approval without the Projected Expense Form.**

What is your overall projected budget for this event? \_\_\_\_\_

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

*If yes, please describe fundraising plans below.*

\_\_\_\_\_  
\_\_\_\_\_

Will there be a fee to attend the event?  Yes or  No

*If yes, please answer questions below.*

How much is the proposed cost per person?

Child \_\_\_\_\_ Adult \_\_\_\_\_ Seniors \_\_\_\_\_

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

\_\_\_\_\_

What is the projected end date for ticket sales or 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 or  No

*If yes, please see below.*

Will the cost remain the same?  Yes or  No

If no, please indicate same day prices below:

Child \_\_\_\_\_ Adult \_\_\_\_\_ Seniors \_\_\_\_\_

**DETAILED LIST OF PROJECTED EXPENSES**

*(If applicable)*

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## KITCHEN USE

No cooking is allowed unless a certified member of the Culinary 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 or  No

Who will prepare the food?

Shiloh Culinary Ministry

Outside Caterer

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: \_\_\_\_\_

**All outside caterers must provide a \$1 million insurance liability certificate with Shiloh Baptist Church added for the date of the event. *Initials* \_\_\_\_\_**

After the event has been approved, current copies of the Caterer's business license and liability insurance certificate must be emailed to [admin@shilohplainfield.org](mailto:admin@shilohplainfield.org) within **one week** of approval. *Initials* \_\_\_\_\_

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: \_\_\_\_\_

Additional People: \_\_\_\_\_

Attached is a copy of our Kitchen Use Guidelines. Please initial to acknowledge you have read and understood these guidelines. *Initials* \_\_\_\_\_

## **Kitchen Use Guidelines & Checklist**

**The Culinary Arts Ministry Representative assigned to your event is:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**This representative will support your event by doing the following:**

- Turning on/off gas & exhaust fan for using stove and ovens (warming items only) and dishwasher
- Ensure that food is handled safely & properly
- Ensure that the attached Kitchen Use Guidelines are followed
- Turning off lights
- Locking the Kitchen

**Please note, your Culinary Arts Ministry Representative will also provide direction and oversight for the set-up, serving and clean-up of your event. Please follow all items on the attached checklist. This ensures that our kitchen maintains our Department of Health Food Safety Code Standards Certification. Failure to meet the stated requirements will result in failure to use the facility for future events, so naturally we take this very seriously.**



# KITCHEN USE CHECKLIST

**\*\*PLEASE BRING THIS FORM WITH YOU TO THE EVENT\*\***

DATE: \_\_\_\_\_ MINISTRY: \_\_\_\_\_

EVENT CHAIRPERSON: \_\_\_\_\_

## **PRIOR TO EVENT:**

1. \_\_\_\_\_ Bring ALL of Your Own Food, Condiments, & Edible Products for your event
2. \_\_\_\_\_ Bring Your Dish Detergent (dishwasher detergent & sanitizer supplied)
3. \_\_\_\_\_ Bring Your Clean Dish Cloths & Dish Towels
4. \_\_\_\_\_ Bring Your Tablecloths, Paper Products (Large & Small Plates, Cups, Bowls), Plastic Ware, Foil, Take Home Containers and Decorations
5. \_\_\_\_\_ Bring 10 Large Foil Water Pans, 20 Extra Foil Half Pans and 20 Sternos  
(more or less may be needed depending on the individual number of food items that will be served)

## **AFTER EVENT:**

1. \_\_\_\_\_ Remove all Tablecloths and Centerpieces
2. \_\_\_\_\_ Food – Discard or Take Home All Leftover or Unused Food from Kitchen
3. \_\_\_\_\_ Wash, Dry & Put Away All Kitchen Utensils, Pots, Pans in designated locations
4. \_\_\_\_\_ Refrigerator – Discard or Take Home All Food Items You Stored in the Refrigerator
5. \_\_\_\_\_ Refrigerator – Wipe Up Spills on Racks & Floor
6. \_\_\_\_\_ Counters & Carts – WIPE OFF, Clean & Sanitize
7. \_\_\_\_\_ Stove Surface Wipe Off & Clean
8. \_\_\_\_\_ Steam Table Wipe Out - Clean Each Section and Under Table
9. \_\_\_\_\_ Microwave – Wipe Out – Clean Surface
10. \_\_\_\_\_ Sinks – Wipe Out, Clean All Sinks & Sanitize
11. \_\_\_\_\_ Kitchen Floor – Pick Up Rubber Mats and Sweep Entire Floor – replace mats
12. \_\_\_\_\_ Kitchen Floor – Contact Maintenance Staff to Mop Clean any Major Spills on the Floor
13. \_\_\_\_\_ Garbage – Put in Disposal Bags & Close – Place in Garbage Units on 5<sup>th</sup> Street or if too heavy request assistance from Maintenance staff
14. \_\_\_\_\_ Boxes (broken down), Recycle Bottles, Plastics, and Cans should be Put in Units Outside the Side-door Entrance to the Kitchen
15. \_\_\_\_\_ Replace any borrowed items (vases, racks, utensils etc.)
16. \_\_\_\_\_ Report any accidents – Fill in accident form
17. \_\_\_\_\_ OTHER: Please Report any Issues, Concerns, Mishaps

**\*\*\*IMPORTANT NOTE\*\*\***

*It is important to follow the instructions of the Culinary Arts Staff person who is assigned to your event. Please abide by his/her instructions to ensure your safety and the cleanliness of the kitchen.*

***I have read, understand, and will follow the guidelines for utilizing the kitchen.***

\_\_\_\_\_  
*Ministry or Event Representative Name (Print)*

\_\_\_\_\_  
*Signature* *Date*

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**SIGNATURES REQUIRED AT END OF YOUR EVENT INDICATING THAT ALL CLEANING COMPLETE & SATISFACTORY:**

**Ministry or Event Representative**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature* *Date*

**Culinary Arts Representative**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature* *Date*

**\*RETURN THIS COMPLETED FORM TO THE OFFICE ASSISTANT FOR FILING\***

**\*\*Culinary rep please put copy of this form in the binder located in the kitchen\*\***

**EVENT SET UP**

Will you need tables and chairs set up?  Yes or  No

*If yes, please indicate the quantity needed:*

Round Tables \_\_\_\_\_ Rectangle (7') Tables \_\_\_\_\_ Folding Chairs \_\_\_\_\_

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

*If yes, please describe the items you will need to rent.*

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Please describe in detail or sketch the arrangement for tables and chairs below.

**Note:** If there is no preference, a basic set-up will be arranged according to your event type.

Will this event require decorations?  Yes or  No

*If yes, please list desired decorations below and who will decorate.*

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**Note:** Set up and Break Down of tables and chairs will be done by the Shiloh Maintenance Team unless otherwise noted. However, it is the responsibility of the hosting ministry to set up and clean up decorations and bag all trash.

**Initials** \_\_\_\_\_

## RESOURCES AND MEDIA REQUESTS

Please select all additional equipment 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	____ Projector w/ Screen

Are you requesting this event be recorded?  Yes or  No

Are you requesting this event be live streamed?  Yes or  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 or  No

Verbiage for flyer (*If applicable, include theme, scripture, and preferred colors*)

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

If yes, please list possible outreach dates? \_\_\_\_\_

**Note:** All Shiloh ministry events taking place require advertisement to the entire church and all social media platforms. All graphics and flyers must be approved by the Director of Administration prior to being posted, printed, and distributed. **Initials** \_\_\_\_\_

Please select any additional media requests that may be needed:

\_\_\_\_ Photography  
\_\_\_\_ Videography  
\_\_\_\_ Video Promo or Tribute/Photo Montage  
\_\_\_\_ Digital Marketing  
\_\_\_\_ Poster Prints  
\_\_\_\_ Signs  
\_\_\_\_ Other: \_\_\_\_\_

**I understand that under no circumstances are ministry leaders or volunteers authorized to enter contracts with outside vendors on behalf of Shiloh Baptist Church. Once this form is completed and approved our church officers will review and sign any necessary contracts. Initials** \_\_\_\_\_

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

\_\_\_\_\_  
Director of Administration

\_\_\_\_\_  
Date

The following people have been assigned to this event:

Finance Committee: \_\_\_\_\_

Logistics Team: \_\_\_\_\_

Kitchen Committee: \_\_\_\_\_