

Christian Unity Baptist Church CUBC Ministry Event Planning Questions

Event Name: _____

What is the name of the CUBC ministry that is hosting this event? _____

What other ministries, groups, and/or organizations are associated with this event? _____

Is fund raising included as a part of this event? Yes/No If "Yes", please explain the purpose of your fund raiser. Note: All church fund raising must be pre-approved by the Pastor.

ABOUT YOUR EVENT DAY

1) How many guests are you anticipating to attend your event? _____

2) What day and time would you like to set-up for your event?

Requested Event Set-up Date: _____

Requested Event Set-up Time: From _____ am/pm to _____ am/pm

3) Is rehearsal time requested for your event? Yes/No If "Yes", please provide the...

Requested Date for the Event Rehearsal: _____

Requested Time for the Event Rehearsal: From _____ am/pm to _____ am/pm

ABOUT YOUR AUDIO VISUAL NEEDS

Note: CUBC Sound Technicians must be scheduled and present for any CUBC owned equipment to be used.

4) Is any Audio/Visual equipment/services requested for this event? Yes/No

If "No", please go to question #7. If "Yes", please answer the following:

A. What will the sound be used for (i.e. will there be a lecturer, presenter, host, emcee, etc.)?

B. Will there be singing, musicians, performances (dance, mime, theatrical, etc.)? Yes/No

C. If singing - will there be a choir or solo performances and how many singers will be present?

___ Choir ___ Solo ___ Other _____ # of Singers _____

D. If choir is used, will they perform to live music or CD? Yes/No

E. If performance, what type of (i.e. dance, mime, acting, etc.) performance will be presented?

F. Will the performance need ___ live music, ___ CD's, ___ microphones, ___ none of the above, or ___ other (please explain if "other")?

G. If musicians are being used, who is/are the musician(s)? Please provide a list of CUBC owned instruments that the musicians plan to use.

5) Please attach to this form a proposed agenda, bulletin, program, or order of activities for your event.

6) Please attach to this form the proposed budget of revenues and expenditures for this event.

Group Leaders' Initials: _____/_____

7) Place a check beside any item you are requesting to be provided by Christian Unity Baptist Church. ****Requesting an item for/from CUBC in the list below does not guarantee the availability of your requested item(s).***

LCD Projector Television Key Board

Sanctuary Sound System – Up to 2 Microphones

Piano Organ Podium (Included)

Round Tables (How many? _____) Rectangle Tables (How many? _____)

Chairs (How many? _____) Others: _____

ABOUT YOUR EVENT CARS & PARKING NEEDS

8) How many cars are you anticipating for your event? _____

9) Is special parking being requested for anyone (i.e. guest speaker, church bus, etc.) in your event? Yes/No If "yes", please explain in detail.

10) Is special/VIP transportation (i.e. limousine, chauffeured car, etc.) being arranged for anyone in your event? Yes/No If "Yes", ...

A. Where would you like your VIP transportation to be parked?

B. What time will the special/VIP transportation arrive? _____am/pm

C. What time will the special/VIP transportation depart? _____am/pm

ABOUT YOUR EVENT'S FOOD SERVICE

11) Will food and/or refreshments be a part of your event in CUBC? Yes/No
If yes, please answer the following "Food Service" questions:

12) Are you planning a... (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Sit Down/Plated Meal | <input type="checkbox"/> Buffet Style Meal |
| <input type="checkbox"/> Finger Food Reception | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Brunch | <input type="checkbox"/> Luncheon |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Other (please specify): |

13) Please give the menu of food you expect to serve.

14) How many people will you be preparing to serve in your event's food service? _____

15) Will there be a head table? Yes/No
If yes, how many people will be seated at the head table? _____

Group Leaders' Initials: _____/_____

16) In which room of CUBC would you like for your food to be served? _____

17) What day and time would you like to set-up for your food service?

Food Service Set-up Date _____ from _____ am/pm to _____ am/pm

18) What is your desired serving time (i.e. what time do you plan to serve your food)?

From _____ am/pm to _____ am/pm

19) Who is requested to be the food service provider for event?

_____ CUBC Culinary/Food Service Ministry
_____ Guest Food Service Provider
Food Service Business Name _____
Contact Person: _____
Telephone #: _____
Email Address: _____

NOTE: All food preparation plans must be discussed and approved with the designated CUBC representative before preparing/serving food of any type in Christian Unity Baptist Church.

20) Is the food service provider for your event licensed in food service with the local Health Department? Yes/No

- 21) Will the food be cooked in the facilities of Christian Unity Baptist Church for your event/food service? Yes/No
- 22) Requested Kitchen Access Date _____ from _____ am/pm to _____ am/pm
- 23) Each CUBC Ministry Group that uses the kitchen area is responsible for cleaning and restoring the kitchen to its original condition after each use. Who is the designated person who will be responsible for cleaning and restoring the kitchen area at the conclusion of your event?

Contact Person: _____
 Telephone #: _____
 Email Address: _____

- 24) Table cloths are not provided by Christian Unity Baptist Church for your event.

Group Leaders' Initials: _____/_____

Signature & Approval Page

Event Name: _____

Event Date(s): _____

Sponsored by (Ministry Group's Name): _____

This agreement is not valid until:

- 1) Ministry Leader Signatures have been provided in the spaces below.
- 2) CUBC Authorized Signatures have been received in the spaces below.
- 3) The Pastor's Final Approval has been given on this event.

My signature below indicates that I understand the building usage requirements of Christian Unity Baptist Church and agree to abide by the policies set forth in this agreement.

Ministry Leader 1 Signature: _____ Name Printed: _____

Today's Date: _____

Ministry Leader 2 Signature: _____ Name Printed: _____

Today's Date: _____

CUBC Authorization Signatures

Pastor's Signature: _____

Today's Date; _____

Today's Date: _____

CUBC Authorized Signature: _____

Name Printed: _____

Position of
CUBC Authorized Signer: _____