

The Chosen Vessel Cathedral

Ministry Event Detailed Planning Form

(Last revised January 2012)

Name of Ministry: _____
Ministry Pastor: _____
Ministry Director: _____

Event Title: _____

Event Theme: _____

Event Type:
 Evangelistic Fund Raising
 Fellowship Other Please specify: _____

Event VISION Impact Statement:
How will your event affect the vision of the ministry?
Our Vision: *Transforming lives for Christ's sake through worship, evangelism, discipleship, ministry, and fellowship* _____

Service/Meeting Dates, Times and Locations:

Suggested Speakers and Guest:
*Note: Speakers are chosen by the pastor, but know that your suggestions will be considered. **Please provide suggested name, church/organization affiliation, and city/state of origin.** To assist in the process, please attach references (i.e. resumes, websites, YouTube videos, recommendation letters, etc.) to support your suggestions to this form. **DO NOT CONTACT ANY SUGGESTED SPEAKER UNTIL AFTER BISHOP'S APPROVAL.***

Requested Ministerial Collaborations:

*Who else do you need? Check requested ministries... **Each ministry representative must sign that they will be available to assist in this event.***

	Date(s) Requested	Ministry confirmed participation. Verified by:
<input type="checkbox"/> Armorbearers (Men)	_____	_____
<input type="checkbox"/> Armorbearers (Women)	_____	_____
<input type="checkbox"/> Audio and Video	_____	_____
<input type="checkbox"/> Children's Church	_____	_____
<input type="checkbox"/> Culinary	_____	_____
<input type="checkbox"/> Finance	_____	_____
<input type="checkbox"/> Greeters	_____	_____
<input type="checkbox"/> Health Professionals	_____	_____
<input type="checkbox"/> Maintenance	_____	_____
<input type="checkbox"/> Media	_____	_____
<input type="checkbox"/> Ministers	_____	_____
<input type="checkbox"/> Music/Choir	_____	_____
<input type="checkbox"/> New Members	_____	_____
<input type="checkbox"/> Nursery	_____	_____
<input type="checkbox"/> Outreach	_____	_____
<input type="checkbox"/> Performing Arts	_____	_____
<input type="checkbox"/> Security	_____	_____
<input type="checkbox"/> SWAT (Altar Workers)	_____	_____
<input type="checkbox"/> Transportation	_____	_____
<input type="checkbox"/> Ushers	_____	_____

Proposed Event Budget:

*Note: **DO NOT CONTRACT ANY FACILITIES/SERVICES UNTIL AFTER BISHOP'S APPROVAL.** All contracts must be reviewed and executed by the TCVC Administrative Team; independent initiatives will not be covered by the church.*

- (A) Total Estimated Cost of Event: \$ _____
- (B) Total Estimated Income from Event: \$ _____
- (C) Subtotal: \$ _____
(subtract line A from line B = subtotal)
- (D) Current Ministry Account Balance: \$ _____
(Attach signed TCVC requisition form.)
- (E) Ministry Budget Balance: \$ _____
(subtract line C from line D = ministry budget balance)

Is this event within your ministry budget? (Circle one) **Yes** **No**

Proposed Event Budget Comments:

Proposed Event Fundraisers (i.e. registration, sponsorships, pledges, etc.):

Ministry Approval:

As the Ministry Pastor and Director I have reviewed this event plan and request authorization to proceed with implementation of this event. Should our ministry need to revise this proposed plan, an amended plan will be provided prior to implementing any changes. We are pleased that our event is consistent with the VISION our Bishop has presented to us.

Ministry Pastor Approval: _____ Date: _____
Ministry Director Approval: _____ Date: _____

ALL COMPLETED FORMS MUST BE PLACED IN THE MARKETING MAIL BOX. Please do not give this form to a marketing member as this could delay the approval process. The verification of approval will be returned to your individual ministry mail box. It is the responsibility of the ministry leaders to retrieve the approval form in a timely manner.

Thank you for your leadership and commitment to the TCVC Ministry. **Should you have any questions or concerns please contact Bro. Keith Hall.**

(Administration Only)

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Form Submittal Date: _____

Authorized to Proceed: Approved amount: \$ _____

Revise and Resubmit: (see Bishop's comments below)

Event NOT Approved: (see Bishop's comments below)

Bishop's Comments:

For all event requests requiring approved funds, please allow 5-7 business days from event approval date for check processing. Checks will be deposited into your ministry mailbox.

Bishop Approval: _____ Date: _____

Bishop Richard E. Young, Senior Pastor