

Friendship Community Church  
Ministry Event or Activity Proposal

Date of Request: \_\_\_\_\_ Ministry Name: \_\_\_\_\_

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

Primary Phone#: \_\_\_\_\_ Alternate#: \_\_\_\_\_

Best Time and Number to Call: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

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

Alternate Date: \_\_\_\_\_

**ACTIVITY DESCRIPTION**

Event Title: \_\_\_\_\_

Which of the following **5 KINGDOM VALUES** does this Ministry Event/Activity meet? (Select all that apply)

\_\_\_ Worship – Mark 12:29-30

\_\_\_ Relationship Building Within the Walls of the Church – Matthew 28:19b

\_\_\_ Intentional Faith Development – Matthew 28:20a

\_\_\_ Serving God by Serving Others – Mark 12:31

\_\_\_ Relationship Building Beyond the Walls of the Church – Matthew 28:19a

Provide a brief description of your event:

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Name of Location: \_\_\_\_\_

If the location is Friendship, please complete the Facility Use and Set-Up Request Form (Page 3).

Location Address: \_\_\_\_\_

Location Contact: \_\_\_\_\_

Location Phone: \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

**Transportation**

Is transportation needed? (Please check or circle one):

\_\_\_\_ YES      \_\_\_\_ NO

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Number of people: \_\_\_\_\_

**If 4 or less**, Members should drive to location.

**If 5 to 13** and the ministry would like to use a church van, the Transportation Ministry will assign a van to an approved member of your ministry. Each ministry should identify two (2) drivers for their ministry. *Each driver should contact the church office to obtain a copy of the Driver Approval Authorization Form.*

**If 14 or more**, the Transportation Ministry will provide driver (unless 2 vans can meet the transportation needs of the ministry.)

Designated Driver(s): \_\_\_\_\_

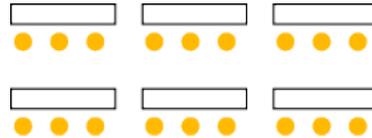
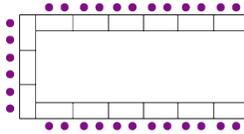
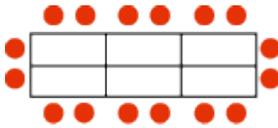
Phone #(s): \_\_\_\_\_

**FACILITY AND SET-UP REQUEST  
ROOM REQUIREMENTS**

Sanctuary     Dining Room     Chapel     Classrooms  
 Guest Services     Family Life Center     Fellowship Hall     Kitchen  
 Simon the Leper's House     Sports Complex \_\_\_\_\_  
Area Requested  
 Other/Special Requests: \_\_\_\_\_

**ROOM SET-UP**

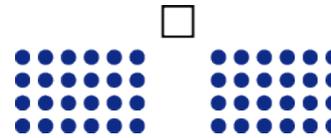
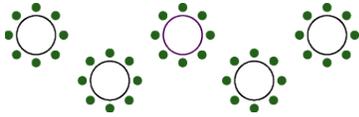
Circle the option(s) below or attach a diagram of desired set-up



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Expected Attendance**

**Expected Attendance**

\_\_\_\_\_

\_\_\_\_\_

**EQUIPMENT NEEDS**

Projector with Screen     Laptop     Microphones     DVD/CD Player  
 Portable TV Monitor     Music     Other \_\_\_\_\_

**FOOD REQUIREMENTS**

Food:  Yes     No    Name of Caterer: \_\_\_\_\_

Cost: \_\_\_\_\_    Is food a budget item?:  Yes     No

If no, who is responsible for the cost?: \_\_\_\_\_

Set-Up time: \_\_\_\_\_    Event Begins: \_\_\_\_\_    Event Ends: \_\_\_\_\_    Clean Up: \_\_\_\_\_

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Caterers     Christian     Facilities     Media     Ministry     Security     Transportation  
 From Within    Education    Manager    Leader

Trustees