Fort Smith First
UNITED METHODIST CHURCH

MINISTRY PLAN WORKSHEET

Event Name_____
Event Date(s)_____
Setup Time_____ Event Time Starts_____
Contact Person _____ Phone_____
Contact Email_____
☐ On Campus ☐ Off Campus Location/Space Requested_____
Reserve Church Van? ☐ 2015 (short) Van ☐ 2019 (tall) Van
Driver Name_____(must be approved by the church)
How many people are you planning for?_____
Will any media equipment be needed? ☐ No ☐ Yes-What_____
Will security be needed? ☐ No ☐ Yes-Why_____
Are there any food needs? ☐ No ☐ Yes If yes, please contact Hospitality Director at least ***TWO WEEKS*** prior to the event at kitchen@fsfumc.org
☐ Water Only ☐ Water/Coffee Only ☐ Water/Coffee/Tea Only

DO YOU WANT THIS EVENT IN THE CHURCH COMMUNICATIONS? ☐ No ☐ Yes If yes, please contact the Communications Director at communications@fsfumc.org with details ***TWO WEEKS*** prior to the event.

Is Childcare needed? ☐ No ☐ Yes Ages_____ How many_____ You must contact the Children's Director at least two weeks prior to the event at children@fsfumc.org.

Any special setup for tables & chairs? ☐ No ☐ Yes_____
If yes, please contact Facility Manager two weeks prior to the event at facility@fsfumc.org.

Sketch your set-up needs here or on a separate page	*Office Use Only* *Diane* ☐ *Dan* ☐ *Trevor* ☐ *Ashley* ☐ *Sloane* ☐

Submitted By_____ Date_____

*For Office use only: Approved by:*_____ *Date*_____