

Emmanuel Temple Apostolic Church | 900 6th Street | Vallejo, CA 94590  
 Church Phone: (707) 642-2391 | Fax: (707) 642-8143 | Email: pastorbeharris@sbcglobal.net  
*Bryan E. Harris, Pastor*

## Activity Request Form

*Please submit this form at least 60 days prior to the activity/event for approval.*

Ministry Director or Event Coordinator's Name: \_\_\_\_\_

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

Your Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Activity/Event: \_\_\_\_\_

Date & Time of Activity/Event: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Purpose & Description of Activity/Event (include place, time, etc.): \_\_\_\_\_

Transportation To/From Event: \_\_\_\_\_

Is there an admission fee for the event or registration required? \_\_\_\_\_

Event Budget:

Projected Expenses	Amount	Projected Income	Amount
Food	\$	Fundraising	\$
Travel	\$	Registration Fees	\$
Lodging	\$	Admission Fees	\$
Honorarium(s)	\$	Offerings	\$
Printing	\$		\$
Advertisement / Mailouts	\$		\$
Decorations:	\$		\$
Other:	\$		\$
Other:	\$		\$
Projected Total Expenses: _____		Projected Total Income: _____	
		Projected Net Income: _____	

Special Items Needed for Activity/Event: \_\_\_\_\_

Are you collaborating with any other ministry team and/or outside agency for this event/activity? \_\_\_\_\_

If yes, who and or what agency or ministries? \_\_\_\_\_

If advertisement is needed, how and when will it be done? \_\_\_\_\_

Please check & attach the following (if needed):     Vehicle Request Form                       Kitchen Request Form

Money/Check Request    Program or Event Outline    Activity Checklist (after approval)    Ministry Team Request Form

Director/Event Coordinator's Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

For Office Use Only. Please do not write in this area.

Pastor's Signature \_\_\_\_\_  Approved     Denied Date: \_\_/\_\_/\_\_

## Activity / Event Checklist

Activity or Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Director or Coordinator: \_\_\_\_\_

\_\_\_ 1. Confirmed Date Availability

\_\_\_ 2. Completed Activity Request Form

\_\_\_ 3. Approved Speaker(s)

\_\_\_ a). Confirmed Speaker(s)

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

Church: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_ 4. Created Flyer/Letter

\_\_\_ a). Flyer/Letter Approved

\_\_\_ b). Distributed Correspondents and/or Announcements

\_\_\_ c). Completed Follow-Up Phone Calls/Emails

\_\_\_ d). Outreach Scheduled For \_\_\_\_\_

\_\_\_ 5. Approved & Confirmed Program Participants (*Ministry Team Request Form Completed*)

\_\_\_ a). Devotional Leader or MC \_\_\_\_\_

\_\_\_ b). Praise & Worship \_\_\_\_\_

\_\_\_ c). Choirs and/or Musical Selections \_\_\_\_\_

\_\_\_ d). Groups (ex: Praise Dancer, Drama Presentation, etc.) \_\_\_\_\_

\_\_\_ e). Ambassadors \_\_\_\_\_

\_\_\_ f). Musicians \_\_\_\_\_

\_\_\_ g). B.O.L.D. Ministry/Armor bearers \_\_\_\_\_

\_\_\_ h). Greeters \_\_\_\_\_

\_\_\_ i). On Duty Deacon or Church Administrator \_\_\_\_\_

\_\_\_ j). Audio/Video/Multimedia Confirmed \_\_\_\_\_

\_\_\_ 6. Approved Program for Printing (*All programs must be edited before going to print*)

\_\_\_ a). Print Program

\_\_\_ 7. Create & Hang Signs & Banners \_\_\_\_\_

\_\_\_ a). Assigned Set-Up Crew \_\_\_\_\_

\_\_\_\_\_

\_\_\_ 8. Transportation Arrangements: \_\_\_\_\_

\_\_\_ 9. Menu or Food Sales \_\_\_\_\_

\_\_\_ a). Confirmed Kitchen Availability (*Kitchen Request Completed*)

\_\_\_ b). Assigned Kitchen/Food Coordinator for The Event? \_\_\_\_\_

\_\_\_ c). Assigned A Kitchen Prep & Clean Up Crew \_\_\_\_\_

\_\_\_ 10. Your Ministry Team Planning Dates \_\_\_\_\_

*Please note all correspondents, i.e. flyers/letters must be pre-approved before distribution.*

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## Ministry Team Request Form

Ministry Director or Event Coordinator's Name: \_\_\_\_\_

Name of Ministry \_\_\_\_\_ Date of Request \_\_\_/\_\_\_/\_\_\_

Your Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Activity/Event: \_\_\_\_\_

Date & Time of Activity/Event: \_\_\_\_\_

Target Audience \_\_\_\_\_

### Ministry Teams *(Being requested-Check All that Apply)*

**Altar Workers** *(To be completed by the Altar Coordinator)*

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

**Ambassadors** *(To be completed by the Ambassadors Director)*

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

**Greeters/Hospitality** *(Please note any special guests and when they are expected to arrive.)*

Beverage Preference \_\_\_\_\_  Married  Single  Accompanied with Spouse

Accompanied by Armor-bearer  Need Armor-bearer Assigned \_\_\_\_\_

Greeter(s) Assigned *(To be completed by the Hospitality Director.)*

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

**Deacons** *(One Deacon or Church Administrator may be assigned for special church services. Please indicate your ministry needs below.)*

Deacon/Administrator Assigned *(To be completed by Head Deacon and/or Pastor.)* \_\_\_\_\_ Initial \_\_\_\_\_

**B.O.L.D. Ministry** *(To be completed by the Men's Director)*

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

**Audio**  **Video**  **Multimedia** *(Requests for these services must be confirmed with the Worship & Music Director.)*  
*(Please Note any special needs, i.e., lapel mic, powerpoint video presentations, etc.)*

Assigned Audio/Video/Multimedia Personnel

Date/Time \_\_\_/\_\_\_/\_\_\_ Name(s) \_\_\_\_\_

**Musician Team**  **Praise & Worship Team**  **Dance Team**  **Choir**

*(Request for these services must be confirmed with the Worship & Music Arts Director.)*

Please provide a copy for each Ministry Team Leader indicated above and review request with them directly.  
A copy may be placed in their mail box in the event that they are not available.

Please provide a copy of this request to the church pulpit coordinator and pastor when completed.