

## Concept Sheet

The Concept Sheet should be filled out if using church funds, church space or the church's name. **Must be completed at least 60 days prior to event.** Please give a detailed explanation, provide a program or order of service for your event and ensure all participants have been confirmed. If using funds, provide a detailed budget. All events must be approved by the Executive Minister.

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	Name of Ministry	
<u>-</u>		
	"Event Name"	
-		
	Date / Time of Event	
<u>-</u>		
	Location of Event	
<u>Event Purpose: (WHY</u>	)	
Event Description: (T)	(PF OF FVFNT)	
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Event Objective: (Wh	HAT DO YOU EXPECT WILL BE THE RESULT OF THIS EVEN	T)
Everii Objective. (Wi	INTEREST OF THIS EVEN	11



## Concept Sheet con't

Sequence of Events: (i.e., registration, colle	cting, etc.)
Itemized Expenses: (EXPLAIN HOW THE REQU	JESTED FUNDS WILL BE USED)
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Points of Contact: (WHAT INDIVIDUAL WILL B	SE CONTACTED IF NEEDED)
Recommendations / Preferences:	
Projected Group Size:	
Please indicate if you will need these servic	es:
TABLES: (round/quantity)	(rectangle/quantity)
MEDIA: MICS VIDEO	CD PLAYER
GRAPHIC DEVELOPMENT: FLYER	OTHER

Please Submit 60 Days Prior to Event

Email completed form to receptionist@ourtbc.org