

EVENT NAME: _____

Event Planning Form

VISION PLANNING

Type of Event: Discipleship | Evangelism | Community Service | Other: _____

Audience: Our Church | Community | Other Churches |

Age Range: _____

Desired _____

Outcome: _____

BASIC LOGISTICS

Event Name: _____

Date: _____

Time: _____

Location: _____

Attendance: _____

IDENTIFYING THE TEAM

Event
Coordinator Name: _____ Phone # _____

Food Name: _____ Phone # _____

Volunteers Name: _____ Phone # _____

Marketing Name: _____ Phone # _____

Activity Name: _____ Phone # _____

Setup Name: _____ Phone # _____

Finances Name: _____ Phone # _____

_____ Name: _____ Phone # _____

_____ Name: _____ Phone # _____

MEETING SCHEDULE:

Frequency: _____ Location: _____

EVENT NAME: _____

MARKETING PLAN:

Marketing Description: _____

(Example how this event should be communicated that will be a base for marketing language.)

Event Graphics: Who: _____ Due: _____

Registration Page: Who: _____ Due: _____

Start Date for Each type of Marketing:	Email: _____	Social: _____
	In Service: _____	Church Website: _____
	Invite Cards: _____	Exterior Banner: _____
	Other: _____	

EVENT AGENDA:

EVENT NAME: _____

KEY DELIVERABLES:

	Who is Responsible (INT)	KEY TASK
Food:	-----	
Facility Resources:	-----	
Supplies & Rentals:	-----	
Media:	-----	
Volunteer Coordination:	-----	
Other:	-----	
Clean Up:	-----	

EVENT NAME: _____

EVENT SETUP

Required Supplies

Room Layout

