



APPENDIX 9.1

20__ Activity Coordination Checklist

Complete for new request or changes to scheduled activities.
(Changes must be approved by Administrative Council)

Name of Ministry _____ Contact # _____

Chairperson _____ Email _____

Annual Total Budget _____ Today's Date _____

Identify Ministry Activities and meetings for the 20__ calendar year

Name of Activity/Event _____

Description of the activity _____

Date(s) of Activity _____

Day of Week _____ Time _____

Budget Expense _____

How is this activity related to the ministry?

Explain _____

Facility or meeting space needs: Will activity be held at church? Yes or No (circle one)

If yes, what space is needed: Classroom or Fellowship Hall? (circle one) confirmed Yes or No (circle one)

Is Childcare needed? Yes or No (circle one) confirmed Yes or No (circle one)

Transportation needs: Will activity require transportation? Yes or No (circle one)

If yes, what transportation is required? (Check applicable need)

16 Passenger Church Bus _____ 24 Passenger Church Bus _____

Driver Name _____ (CDL Required for 24 Passenger Bus)

Other needs:

Will Food be served? Yes or No (circle one) Is Kitchen use required? Yes or No (circle one)

Coordinated with Nutrition Ministry? Yes or No

Are Chaperons required? Yes or No (circle one) How many? _____

List names:

_____	_____
_____	_____
_____	_____
_____	_____

Are Accommodations required for people with Special Needs? Yes or No (circle one)

Are Church Musicians required? Yes or No (circle one) confirmed Yes or No (circle one)

List names:

_____	_____
_____	_____
_____	_____
_____	_____

Are other Church servants needed? (Check all that apply)

Ushers ___ Greeters ___ Acolytes ___ Parking (Trustees) ___ Security ___ Other ___

Confirmed with chairperson over ministry required? Yes or No

Marketing & Communication

How will you market this activity? Website _____ Weekly Church Email _____

Church Marquee _____

Emailed information for marketing to church office? Yes or No (circle one)

Is there a requirement for a specific on-line giving category? Yes or No (circle one).

If yes, identify:

(1) The name for this line _____;

(2) The fund donations will be credited to _____; and,

(3) The effective dates: _____ through _____.
MM/DD/YY MM/DD/YY