

# WhitNotes™

*Dr. Whit's Notes*

*By Dr. William H. Whitaker, II*

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*“So that Servant Leaders may utilize the resources I am blessed to have today rather than starting with what I began my ministry in 1995.”*

*Dr. William H. Whitaker, II*

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Thank you and Lord bless you.

Arrive. Enjoy. Leave the Rest to Us!

Dr. William H. Whitaker, II  
Founder, Director, and Ministry Trainer  
CBA1: The Church Business Administration Network

# Ministry Event Planning Form

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

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

What is the name of the [YOUR CHURCH] ministry that is hosting this event?  
\_\_\_\_\_

What other ministries, groups, and/or organizations are associated with this event? \_\_\_\_\_  
\_\_\_\_\_

Are funds being collected as a part of this event? Yes/No If "Yes", please explain the purpose of the collection of funds. Note: All church fund raising must be pre-approved by the Pastor.

## ABOUT YOUR EVENT DAY

- 1) How many guests are you anticipating to attend your event? \_\_\_\_\_
- 2) What day and time would you like to set-up for your event?  
Requested Event Set-up Date: \_\_\_\_\_  
Requested Event Set-up Time: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
- 3) Is rehearsal time requested for your event? Yes/No If "Yes", please provide the...  
Requested Date for the Event Rehearsal: \_\_\_\_\_  
Requested Time for the Event Rehearsal: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

## ABOUT YOUR AUDIO-VISUAL NEEDS

Note: [YOUR CHURCH] Sound/Media Ministry must be scheduled and present for any [YOUR CHURCH] owned equipment to be used.

- 4) Is any Audio/Visual equipment/services requested for this event? Yes/No  
If "No", please go to question #7. If "Yes", please answer the following:
  - A. What will the sound be used for (i.e. will there be a lecturer, presenter, host, emcee, etc.)?
  - B. Will there be singing, musicians, performances (dance, mime, theatrical, etc.)? Yes/No
  - C. If singing - will there be a choir or solo performances and how many singers will be present?  
\_\_\_\_ Choir \_\_\_\_ Solo \_\_\_\_ Other \_\_\_\_\_ # of Singers \_\_\_\_\_
  - D. If choir is used, will they perform to \_\_\_\_\_ live or \_\_\_\_\_ prerecorded music?

- E. If performance, what type of (i.e. dance, mime, acting, etc.) performance will be presented?
- F. Will the performance need \_\_\_\_\_live music, \_\_\_\_\_ Computer \_\_\_\_\_microphones \_\_\_\_\_none of the above, or \_\_\_\_\_ other (please explain if “other”)?
- G. If musicians are being used, has the [YOUR CHURCH] Music Ministry been contacted?  
 \_\_\_ Yes \_\_\_ No  
 If “Yes”, please state the name of the person(s) contacted:  
 \_\_\_\_\_

- 5) Please attach to this form a proposed agenda, bulletin, program, or order of activities for your event.
- 6) Please attach to this form the proposed budget of revenues and expenditures for this event.
- 7) Place a check beside any item you are requesting to be provided by [YOUR CHURCH].  
**\*Requesting an item for/from [YOUR CHURCH] in the list below does not guarantee the availability of your requested item(s).**

- |   |   |
|---|---|
| <input type="checkbox"/> Monitor                  | <input type="checkbox"/> Keyboard                           |
| <input type="checkbox"/> Sanctuary Sound System   | <input type="checkbox"/> Microphones                        |
| <input type="checkbox"/> Podium (Included)        | <input type="checkbox"/> Round Tables (How many? _____)     |
| <input type="checkbox"/> Chairs (How many? _____) | <input type="checkbox"/> Rectangle Tables (How many? _____) |
| <input type="checkbox"/> Others: _____            |   |

**ABOUT YOUR EVENT’S FOOD SERVICE**

- 8) Will food and/or refreshments be a part of your event in [YOUR CHURCH]? Yes/No  
 If yes, please answer the following “Food Service” questions:
- 9) Are you planning a... (Please check all that apply.)
- |  |  |
|--|--|
| <input type="checkbox"/> Sit Down/Plated Meal  | <input type="checkbox"/> Buffet Style Meal       |
| <input type="checkbox"/> Finger Food Reception | <input type="checkbox"/> Breakfast               |
| <input type="checkbox"/> Brunch                | <input type="checkbox"/> Luncheon                |
| <input type="checkbox"/> Dinner                | <input type="checkbox"/> Other (please specify): |
- 10) Please give the menu of food you expect to serve.
- 11) How many people will you be preparing to serve in your event’s food service? \_\_\_\_\_

12) What day and time would you like to set-up for your food service?  
Food Service Set-up Date \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

13) What is your desired serving time (i.e. what time do you plan to serve your food)?  
From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

14) Who is requested to be the food service provider for event?  
\_\_\_\_\_ [YOUR CHURCH] Culinary/Food Service Ministry  
\_\_\_\_\_ Guest Food Service Provider

Food Service Business Name \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

15) Is the food service provider for your event licensed in food service with the local Health Department? Yes/No

16) Will the food be cooked in the [YOUR CHURCH] facilities for your event/food service?  
Yes/No

17) Requested Kitchen Access Date \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

18) Each [YOUR CHURCH] Ministry Group that uses the kitchen area is responsible for cleaning and restoring the kitchen to its original condition after each use. Who is the designated person who will be responsible for cleaning and restoring the kitchen area at the conclusion of your event?

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Submitted By:**

Ministry Leader's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Approval:**

Pastor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Official's Approval: \_\_\_\_\_ Date: \_\_\_\_\_