

Master EVENT Planning Guide

This document is a guide to be used by a ministry during the pre-planning stages for events, programs, or workshops. This is not a substitute for submitting the required event planning forms. Please do not submit this to the church office.



February 1, 2018

Alfred Street Baptist Church

|  |  |
| --- | --- |
| **Event Name** |  |
| **Date of Event** |  |
| **Event Coordinator/**  **Key Contact Name:** |  |
| **Preferred Contact Information:** |  |
| **Event Budget $** |  |

How does this event support our vision?

What is the main purpose:

* Gather
* Connect
* Serve
* Grow
* Outreach

Target Population

* Community
* All Church
* Children/Youth
* Young Adults
* Men/Women
* Seasoned Saints
* Other

Description of Event (can be used in all publicity): *What will you be doing? Why should people come? Who should come?*

THE BASICS

**Location**

* On site
* Off site, Preferred Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Approximate number of people expected to attend** |  |
| **Setup Time (This is the time you intend on setting up the space)** |  |
| **Start Time** |  |
| **End Time** |  |
| **Tear Down Time(This is the time you intend on breaking down the space)** |  |

**Is advance registration required?** Yes No

**Is participation limited?** Yes No

|  |  |
| --- | --- |
| **Registration Start Date** |  |
| **Registration End Date** |  |
| **How many may register?** |  |
| **Cost per person $** |  |
| **Deadline for payment** |  |

**Questions or information to be collected?**

**Methods**

Email (Best if you expect less than 50 guests)

Online Form (Best if you expect more than 50 or payment/fees involved)

**Are release or permission forms needed?** Yes No

Marketing/Communication Needs

Any Communications/Marketing requests should be submitted by the 10th of every month for distribution the following month (i.e. January 10 for February Distribution). All requests should be submitted using the [Comprehensive Planning Request Form](https://alfredstreet.formstack.com/forms/comprehensive_program_planning_form). Any request submitted by email will be instructed to complete the form.

|  |  |
| --- | --- |
| **Point of Contact for Facility** |  |

**Will you need any printables? Save the Date, Promotional Flyers, Invitations, Thank you, Post-Event Survey**

For all of the above you should considered the Who, What, Where, When, How, and Why?

Who are you looking to target? Who should receive?

What should the materials say?

Where will they be distributed?

When will they be distributed?

How will they be distributed?

Why is the material needed? What is the overall purpose of it?

**What type of marketing support will you need?**

Please take into consideration how many spots are available before requesting a large-scale church marketing plan

Facility Set-up

Please consider the following Administrative Support Needs for your program

|  |  |
| --- | --- |
| **Point of Contact for Facility** |  |

|  |  |
| --- | --- |
| **Number of rooms needed:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Set-up:** | | | |
|  |  |  |  |
| **Lecture** | **Classroom** | **Staggered Banquet Rounds** | **Banquet Half Rounds** |
|  |  |  |  |
| **Conference- Square** | **U-Shaped Conference** | **Conference Table** | **Banquet Rounds** |

# **Consider the additional needs:**

Podium

Music Instruments

Additional Tables (i.e. Registration or materials tables)

Decorations

Walkie Talkies

Safety Vests

Collection Bins

Church Vans

Short term storage (room or refrigerator/freezer) – for what items

Space to sort/stuff/package/distribute – for what items

Facility Transport/Pickup of Items (Mainly used for off-site storage or off-site locations)

Audio Visual/Technology Needs

Please consider the following Administrative Support Needs for your program:

|  |  |
| --- | --- |
| **Point of Contact for Technology** |  |

**What does your program look like: (i.e. Welcome, Prayer, Presentation, Closing Prayer)**

**Consider the following for your program**

**Will a power point presentation be shown?**

Be prepared to send final presentation to [av.media@alfredstreet.org](mailto:av.media@alfredstreet.org) 72 hours in advance of your event?

**Will a DVD or CD be played?**

**Will you need a Microphone?**

**Is music or video being played?**

KITCHEN/CULINARY SUPPORT NEEDS

Please consider the following Administrative Support Needs for your program:

|  |  |
| --- | --- |
| **Point of Contact for Culinary** |  |

**Note: Approved eating spaces:**

Fellowship Hall (up to 30 seated)

301 Multi-Purpose Room (up to 200 seated)

325 Multi-Purpose Room ( up to 150 seated*)*

**Culinary considerations include:**

**Will you need food for your event?**

**Would you like an In-House Caterer or External Caterer (must be certified)?**

**In-House Caterer Considerations:**

What is your budget for the event?

Number of guests?

Menu needs?

**External Caterer Considerations:**

What is your budget for the event?

Number of guests?

Caterer/Restaurant Name?

Menu needs?

When will food need to be delivered?

Will Caterer/Restaurant stay to serve food?

CHURCH OFFICE SUPPORT

Please consider the following Administrative Support Needs for your program:

|  |  |
| --- | --- |
| **Point of Contact for Administrative Support** |  |

**Photocopies/Print Needs**

Please allow 24-48 hours for requests to be completed

|  |  |  |
| --- | --- | --- |
| **Document Name** | **Quantity Needed** | **Specifications** |
|  |  |  |
|  |  |  |
|  |  |  |

**Office Supplies:**

The Church office utilized Office Depot for Office Supplies; please provide the item number and specification for the items needed

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Number** | **Item Name** | **Quantity Needed** | **Specifications** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Pastoral Office Approvals

*Please consider the following program needs that require Pastoral Approvals:*

**Will this event be a bible study?**

Who will be leading the study?

Is this person a member of the clergy?

Are they an ASBC associate minister?

**Will you have a guest speaker?**

Is this person a member of the clergy?

Is this person local? Will they need transportation?

Will they require lodging?

What is your budget for honorarium/fees/gifts?

**Will you be seeking sponsorships/donations?**

What does a sponsorship package look like?

What kind of donations are you looking for?

Volunteer Needs

*Please consider the following program needs that require Pastoral Approvals:*

|  |  |
| --- | --- |
| **Point of Contact for Auxiliary Support** |  |

**Volunteers**

*All volunteers need to be background checked annually, especially those who interact with our vulnerable population.*

How many volunteers are needed?

What roles are available?

**Childcare**

How many children are expected?

What are the expected ages?

**Ushers**

What is their role?

**Greeters**

What is their role?

**Security?**

What is their role?

**Parking Attendants**

What is their role?

**Health and Wellness (medical staff)**

What is their role?

FINANCIAL NEEDS

*Please consider the following program needs that require Pastoral Approvals:*

|  |  |
| --- | --- |
| **Point of Contact for Finances** |  |

**What is your overall budget?**

**Do you need to Rent Supplies – tables, chairs, coat racks?**

**Will you solicit donations?**

**Will gift cards be given out? (e.g., speaker token gift)**

**Will a plaque or gifts be ordered?**

**Will leader/facilitator guides be ordered – order from Lifeway, get purchase order number**

**CHECKLIST**

Please utilize the event/program timeline guide

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Recommended Dates** | | |
| **Facility Needs** |  | **Recurring Events** | **Church-Wide**  **Events** | **Impact Saturdays** |
| Submit Facility Use |  | Quarterly | 150 | N/A |
| Submit Fund Request to pay Vendors (if needed) |  | 60 | 60 | N/A |
| **Registration Needs** |  |  |  |  |
| Develop Registration Timeline |  | 45 | 120 | N/A |
| Submit Comprehensive Support Request |  | 45 | 90 | N/A |
| **Marketing Needs** |  |  |  |  |
| Create Verbiage |  | 45 | 120 | 45 |
| Develop Marketing Timeline |  |  | 120 | N/A |
| Submit Comprehensive Support Request |  | 10th of every month | 90 | N/A |
| **Kitchen Needs** |  |  |  |  |
| Develop Menu |  | 30 | 60 | N/A |
| Discuss Menu with Caterer |  | 30 |  | N/A |
| Receive Invoice from Caterer |  | 20 | 30 | N/A |
| Submit Caterer Fund Request |  | 20 | 30 | N/A |
| Communicate final numbers to Caterer |  | 8-Preliminary #  3-Final # | 8-Preliminary #  3-Final # | 8-Preliminary #  3-Final # |
| **Audio Visual/Technology Needs** |  |  |  |  |
| Create PowerPoint |  | 30 | 60 | 30 |
| Email PowerPoint to [av.media@alfredstreet.org](mailto:av.media@alfredstreet.org) |  | 3 | 3 | 3 |
| **Church Office Support** |  |  |  |  |
| Submit request to Ministry Storehouse |  | 30 | 30 | 30 |
| Photocopies/Prints |  | 3 | 7 | 7 |
| **Program Timeline** |  |  |  |  |
| Develop Event Program |  | 90 | 90 | N/A |
| Contact/Invite Speakers |  | 90 | 90 | N/A |
| Communicate Order of Events |  | 60 | 60 | N/A |
| **Volunteer Needs** |  |  |  |  |
| Develop Volunteer Timeline |  | N/A | 90 | N/A |
| Get Volunteers Background Checked |  | Annually | 60 | N/A |
| Conduct Volunteer Training |  | N/A | 15 | N/A |
|  |  |  |  |  |
| **Financial Needs** |  |  |  |  |
| Submit all final fund requests/invoices |  | 10 | 10 | N/A |
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