

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

### Ministry Planning Worksheet

First United Methodist Church , 141 East Gay Street, Warrensburg, MO 64093  
(660) 747-8158 [office@umcberg.org](mailto:office@umcberg.org)

**Date of Event:** \_\_\_\_\_ **Day of Week:** Mon. Tues. Wed. Thr. Fri. Sat. Sun.  
 New event  Change of previously scheduled event  
If a change, date previously booked \_\_\_\_\_

1. Event/User: \_\_\_\_\_  
(Print name of the event, group, class, etc.)

2. Responsible Person (RP):

3. Alternate Responsible Person

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

4. Actual Time of Event: \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Time When Facility is Needed: Time In: \_\_\_\_\_ am / pm Time Out: \_\_\_\_\_ am / pm

Beginning/Ending Date (if on-going): \_\_\_\_\_ / \_\_\_\_\_

5. Group Size: \_\_\_\_\_ (Estimated number of persons attending the event)

6. Facilities (rooms) preferred: \_\_\_\_\_

(Room Number or Name)

7. Equipment Required/Set-up (by custodian) \_\_\_\_\_

Equipment/Set-up (to be done by RP) \_\_\_\_\_

8. Refreshments/food needed (from Kitchen Coordinator): \_\_\_\_\_

9. Child Care Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ # of children \_\_\_\_\_

10. Budget Line Item to be used for any expenses: \_\_\_\_\_

11. Publicity Needs:  Newsletter  Bulletin  See back for article

Sunday Slide Projection  Will e-mail article

E-Mail Reminder  Advertising

Other \_\_\_\_\_

Date form received \_\_\_\_\_