

Wesley UMC Event Planning

Office Use Only

Contacted Applicant ____
Recorded on Calendar ____
Notified Coordinator ____
Date ____
Initials ____

EVENT DETAILS

Name of Event: _____
Date(s): _____
Time(s): _____ (AM/PM)
Contact Person: _____
Phone: _____ Email: _____
Secondary Contact: _____
Phone: _____ Email: _____

LOGISTICS

Date of Setup: _____ Time of Setup: _____ (AM/PM)
Have you contacted the church office and spoken with the Administrative Coordinator? ___ Yes ___ No
Will you open and close the church building? ___ Yes ___ No ___ Event will take place during normal office hours
Who will open and close? _____
Will you need Wesley to set up? ___ Yes ___ No
And take down? ___ Yes ___ No If "No," who will set up and take down? _____
Which room(s) will you need? ___ Gathering Place ___ Parlor ___ Kitchen ___ Sanctuary ___ Chapel

DETAILS

Number of people expected: _____
of Round tables: _____ # of Rectable Tables: _____ # of Chairs: _____
If Wesley is providing setup assistance, please attach a diagram or detailed description of how you wish the space to be arranged.

AUDIO/VISUAL NEEDS

___ Sound System ___ Podium ___ Gathering Place Stage ___ Microphone(s) ___ Projection System
Do you have a Wesley-trained A/V person? ___ Yes ___ No If "Yes," who? _____
If you need Audio or Visual, and do not have someone trained on the A/V equipment, a Wesley A/V specialist will be assigned to your event for a fee of \$25.00.

HOSPITALITY

Check here if Wesley will provide hospitality ____ *(If you are providing your own hospitality, please fill out the below section)*
Who will be your door greeter(s)? _____
Please note, doors may not be propped open without an attendant by the door.
Parking lot attendant(s) _____
Elevator lift attendant(s) _____
Will you provide refreshments? ___ Yes ___ No
Do you need childcare provided? ___ Yes ___ No
Childcare arrangements must be separately planned with the Administrative Coordinator.

FOR CHURCH EVENTS ONLY

Please make separate contact with Caitlin to go over communication & marketing details.

Event description (this will be used to create a press release):

Coordinator Contact for Event

- Worship (Meredith Lindgren) Discipleship (Wendy Connell) Outreach (Gary Hougen)
- Congregational Care (Carol Stoffel) Administration (Cyndi Fusek)

COMMUNICATIONS & MARKETING

Marketing for the event (check all that apply):

PAID*

- Ad to the Beacon newspaper
- Ad on Facebook
- Other _____

FREE

- Press release to the Beacon
- Facebook Event
- Bulletin (WESLeY)
- Eblast to _____ members
- Press release to the Voice newspaper
- Facebook Post
- Newsletter Article
- _____ friends and visitors

MAILING* TO:

- Members Visitors Area Churches Other: _____

Mailing type:

- Postcard (\$0.34) Standard Envelope (\$0.47) Thick or Unusual Envelope (\$0.68)

Cost of mailings will be recorded and charged to the coordinator sponsoring the event. Please be sure to prepare for this expense in advance. Please request purchase of stamps in advance of mailing.

**Please note: for paid ads and mailing costs, you must provide funding proof with line item (with approval from the corresponding Coordinator)*

Line item # or fund _____ Agreed upon cost _____

Coordinator approval signature _____

Date _____

