



08/25/2010 v04

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| <u>EVENT DAY, DATE, TIME</u> _____ | |
| <u>EVENT TITLE</u> _____ | |
| <u>REQUESTOR</u> _____ | <u>PHONE</u> _____ |
| <u>USE YOUR DESIGN (Y / N)</u> _____ | <u>DATE SUBMITTED</u> _____ |

For planning purposes, event forms must be received at least 4 weeks prior to the event date.
 Email form to ap@faithaledo.com or Fax to 817-441-1565 or put in Church Office (Cathey's mail slot),

EVENT INFORMATION (Please complete all fields in this section)

DESCRIPTION & _____

WHAT TO BRING _____

WHEN TO SEND INVITATION _____ RSVP _____ REMIND _____

LOCATION _____

ADDRESS _____

CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

IS CHILDCARE NEEDED (check one or more)

AGE/GRADE NURSERY__ PRE-K 3__ 4__ GRADES K__ 1__ 2__ 3__ 4__ 5__

FOOD NEEDED FOR KIDS _____

ACTIVITIES FOR KIDS _____

HOW TO ADVERTISE (check one or more)

FAITH TIMES__ THIS WEEK AT FAITH__ SUNDAY AM WORSHIP SLIDE__

NARTHEX PICTURE FRAME__ HANDOUTS IN NARTHEX__ BULLETIN INSERTS__

MASS EMAIL__ POSTCARDS__ PAID ADVERTISING__

WHO TO INVITE (check one or more)

COMMUNITY__ ALL CHURCH__ PROSPECTS__

YOUNG AT HEART__ WILD AT HEART__ WOMEN OF FAITH__

MEN OF FAITH__ GRADES__ TO__ AGES__ TO__

RISING DISCIPLES__ YOUTH__ LIST TO BE PROVIDED__

| | | |
|---|--------------------------------------|---------------------|
| ===== FELLOWSHIP TEAM EVENT & CHILDCARE REVIEW ===== | | |
| <u>EVENT REVIEWED BY</u> _____ | <u>DATE</u> _____ | <u>STATUS</u> _____ |
| <u>CHILDCARE</u> | | |
| <u>CHILDCARE APPROVED BY</u> _____ | <u>FOR AGE GROUPS</u> _____ | |
| <u>RSVP NEEDED BY</u> _____ | <u>FOOD/ACTIVITIES CONTACT</u> _____ | |
| <u>CHILDCARE CONTACT FOR QUESTIONS</u> _____ | | |
| <u>PHONE</u> _____ | <u>EMAIL</u> _____ | |
| Return completed form to Event Group (church office -Cathey's mail slot or ap@faithaledo.com) at least 2 wks prior to RSVP date | | |