

New Event / New Activity / New Ministry Creation

Event / Activity Name: _____

Brief Description:

Contact Person: _____
NAME PHONE E-MAIL

Subject / Materials: (DVD, Book, etc.) _____

Base Ministry Area: (Please Check One) Small Group Adult Study Youth Children Administrative
Missions Outreach Worship/Music Facilities Caring
Other _____

Other Ministries Affected: (Please Check All that apply) Small Group Adult Study Youth Children Administrative
Missions Outreach Worship/Music Facilities Caring
Other _____

Purpose / Goal: _____

Target Audience: _____

Target Schedule: _____
DATE(S) MEETING DAY / TIME

Recurring Event? No Yes If Yes, how often? _____

Facilities Needed: (Please Check All that apply) Sanctuary Newkirk Classroom Nursery
Kitchen A/V Equipment Youth Center
Other _____

* Please be sure to check with the Church office to make sure facilities are available (734-426-8480).

Additional Needs:

Date approved: _____ by _____ (Attach copy of minutes/approval)

Please complete this section if you require funding of any kind (requires Ad Council approval)

How will the funds be raised? (Donations, sale, etc.) _____

How will the funds be used? _____

How will excess funds be used? _____
Funds left on account after the Project End Date (below) will be transferred here

Chairperson: _____
(Base Ministry Above) NAME PHONE E-MAIL

Other Authorized Signers for Vouchers (in addition to Chairperson / Cell Leader): Budget Line: (if known)

NAME PHONE E-MAIL

NAME PHONE E-MAIL

Dates of Fundraising Activity: Begin _____ End: _____ Date Project (Activity) Ends: _____

Signature of Cell Leader / Chairperson: _____ Date: _____

COMPLETED BY THE TREASURER Notification: Budget Line Name & Number Confidentiality Guidelines Vouchering Procedure

Dates: Received by Treasurer: _____ Treasurer Notified Financial Secretary: _____
Treasurer Reply to Cell Leader / Chairperson: _____ Treasurer notify Money Counters: _____

Signature of Treasurer: _____ Date: _____