



VOTM PLANNING FORM

Please complete this form and submit it to Christian Education **sixty (60) days** prior to the day of any event. This form is to be used by all ministries for all events. Please wait until you receive approval before finalizing your plans and before submitting the **Request for Funds** form.

Please place this form in the Christian Education

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> More Info Needed <input type="checkbox"/> Date Received	COMMENTS / SUGGESTIONS <hr/> RECEIPTS are needed within 5 days after all events.
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Name of Ministry _____ Today's Date _____

Name of Event _____

Date of Event _____ Start Time _____ End Time _____

Alternate Date _____ Alternate Time _____

Place of Event _____ Alternate Place _____

Cost of Event _____

Approximate number of participants _____

Will participants assume part of the cost? If so, how much? _____

What other ministries will participate in this event? _____

Was this event included in your ministry's Strategic Plan? _____ Yes _____ No

Please write on the back of this form the purpose of the event and program outline. All worship leaders, program participants and/or presenters of activities must be listed and approved. Please DO NOT contact pastors, ministers, and/or speakers, inside or outside of the church.

Signatures of TRIO Ministers

TRIO _____ Phone _____ Email _____
 TRIO _____ Phone _____ Email _____
 TRIO _____ Phone _____ Email _____

Coordinator _____
 Signature _____ Date _____