



VOTM PLANNING FORM

Please complete this form and submit it to your Department Head **sixty (60) days** prior to the day of any event. Please wait until you receive approval before finalizing your plans and before submitting the **Request for Funds** form.

<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

