

**REVIVAL CENTER MINISTRIES, INC.**

910 Tennessee Street  
 P.O. Box 5037  
 Vallejo, CA 94590  
 (707) 649-4120

**lifeline@revivalcenter.org**



**MEETING/SPECIAL EVENTS FORM**

**Completed Form Due 30 days prior to regular meetings , 60 days for Special Events**

The purpose is not to restrict but that *"All things be done decently and in order"* according to God's word. Be assured that as we are obedient to his will, He will bless our events and open even greater doors of ministry to us.

Please complete this form in its entirety. It is **YOUR** responsibility to personally contact the Directors and/or Coordinators of the departments from which you will require assistance or participation. **DO NOT** assume that any department will automatically be there to assist. It is also the departments responsibility to follow-up with departments assisting them.

**1 Sponsoring Department:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**2 Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**3 Meeting/ Special Event & Title:** \_\_\_\_\_ **Offsite** \_\_\_\_\_  
 \_\_\_\_\_ **Onsite** \_\_\_\_\_

**4 Location of Event** \_\_\_\_\_ **Name of Guest Speaker:** \_\_\_\_\_

**5 Date of Event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_

**6 Arrival Time for Set-Up & Preparation:** \_\_\_\_\_  
 (1 to 2 hours before event)

**7 Estimated Time of Completion (Take-Down , Clean-Up)** \_\_\_\_\_

**8 Facilities, Room or Location Requested:** \_\_\_\_\_  
 (Tables, Chairs, Media Equipment ect.,)

**9 Information Center Requested: Start Date** \_\_\_\_\_ **List Dates of Requested use:** \_\_\_\_\_  
 Usage assigned by "IC" staff, No Consecutive Sundays

**10 Estimated Expenses:** \_\_\_\_\_ **Will offering be taken:** \_\_\_\_\_

**11 Promotion:** *(Media approval Required: Fliers, Radio, Newspaper, Television etc.) Attach Print Media/Video For Approval*

**Advertising Approved: Yes or No Flier Distribution: Dates Signature**

**12 Assistance:** (Each Depart. Head must be contacted personally and must initial this form in the space provided)

Minister	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Finance Dept.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Choir/Praise Team	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Audio/Video/Duplicating	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Deacons/Deaconess	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Ushers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Janitorial /Maintenance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Outside Vendor (Request)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature

Attach Explanation for all outside Vendors and copy of Proposed Contract

**13 Signatures:** \_\_\_\_\_

**Sponsoring Department Head:** \_\_\_\_\_

**Event Contact Person:** \_\_\_\_\_

**Administration: Approved or Denied:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please return form upon completion to Information Center. Form will be available for pickup the following week, distribute a copy of Approved Event Form to each Department Head. Keep a copy for your records.