



REVIVAL CENTER MINISTRIES, INC.
 910 Tennessee Street
 P.O. Box 5037
 Vallejo, CA 94590
 707-649-4120
www.revivalcenter.org

SPECIAL EVENTS FORM

Special Events are very important to this ministry. Every time RCM is the host of one of these events, the reputation of the ministry is on the line. In order to help you as you minister in these areas we have prepared the following checklist, designed to help provide the most effective event possible. **It is requested that you complete and turn in this form 60 days prior to the actual event. Please note that this is not optional, but is both necessary and mandatory.** 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 Type of Event & Title:** _____ **Offsite** _____
Onsite _____
- 4 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, Supplies, or Equipment Needed:** _____
 Number of tables, chairs, media equipment ect.,)
- 9 Special Needs or Requirements:** _____
- 10 Estimated Expenses:** _____ **Will offering be taken:** _____
- 11 Promotion:** *(Must have Media approval prior i.e. Radio, Newspaper, Television etc.)*

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
Stage/Platform Construction	<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
Security	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Signature

13 Signatures:

Sponsoring Department Head: _____
Event Contact Person: _____
Administration: _____

Please return to Information Center upon completion. Keep a copy for your records. Upon Approval on Following week form will be returned, distribute a copy of Event Form to each Department Head