

New Covenant Church Ministry Event Form

Sponsoring Ministry or Individual _____

Ministry Head (Name) _____ Phone Number _____

Event Date(s) _____ Set Up Date(s) _____

Event Time(s) _____ Set Up Time(s) _____

Ministry Event Description _____

Facilities Expected to be Used:

- Sanctuary
- Oasis / Kitchen
- AOC / Gym / Kitchen /Game Room
- Nursery
- Upper Room
- Sunday School Rooms (# _____)
- Playground
- Grand Lobby
- Other _____

Equipment Needed:

- Tables and Chairs
- Sound System
- PowerPoint, Camera
- TV/VCR
- Other _____

Supplies Needed:

Person Responsible for:

- Opening Church _____
- Operating Sound Booth _____
- Setting Up Equipment _____
- Taking Down Equipment _____
- Cleaning _____
- Closing Church _____

Other Information _____

I acknowledge that I have received and read the Ministry Event Policy:

Signed by: _____ Date _____

Received by: _____ Date _____

Approved by: _____ Date _____

Fees Required: Cleaning _____ Audio _____ Video/PowerPoint _____