

Ministry Event Planner
Spring Woods United Methodist Church

1711 FM 1960 West, Houston, TX 77090
281-444-6468 (office) 281-444-5825 (fax)

Ministry Event Title: _____

Date of Event: _____ **Time of Event:** _____

Brief Description of Ministry Event: _____

Primary Ministry or Group responsible for event: _____

Contact Person: _____

Address: _____

Phone # _____ **E-Mail Address:** _____

The following information is needed if your ministry or group is not a direct ministry or group from Spring Woods United Methodist Church:

Is the ministry/group responsible for this event representing a non-profit organization? Yes or No

If yes, what non-profit status do you hold? _____

(Please attach a copy of your tax exempt form.)

Will there be any funds, donations or other such items collected at this event? Yes or No

(Please give a detailed description below of what will be collected.)

Church Building Space, Church Equipment, and Setup Needed:

Room (s) requested for how many people? ____ Equipment ? Yes or No *(If yes, see the back of this form)*

Table Setup? Yes or No *(If yes, see back of this form)*

For Ministries of SWUMC ONLY

Is child care needed for this event? Yes or No

If yes, the contact person must contact Carolyn Meston, Child Care Coordinator, at 281-586-9614, to schedule personnel.

Room Lay-out Design (set up) Please draw a rough sketch of how you would like your room set up.

Room # _____

Date of event _____

Time of event _____

Equipment needed for this event: Please indicate what you will need by putting the number you will need in the blank.

Tables		Chairs		Sound Equipment		Audio/Visual Equip.	
Round	_____	Tan	_____	Microphone	_____	Podium	_____
Rectangle	_____	Maroon	_____	Hand Held	_____	TV/VCR	_____
Card	_____	Brown (2nd floor)	_____	Lapel	_____	Overhead Proj.	_____
Sm Rectangle	_____					Overhead Screen	_____

TO BE COMPLETED BY OFFICE STAFF

Security System Request:

Hour (s) _____

Partition (s) _____

Please give more specific instructions in the space below if needed.

Received: Date: Initials:	Copy Given To: (Please list names) Date:	Added To Calendar: YES NO Date:
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