

Event Proposal – Silverton Church of the Nazarene

Ministry Name: _____

Ministry Leader: _____

Event Name: _____

Date: _____ Time: _____

Place of Event: _____

Purpose: Describe **HOW** this event fulfills each aspect of SCN mission.

Nurture:
Develop:
Equip:
Bring Hope:

*Event Description: _____

Area/Supplies Needed: (check each area/supply needs)

Building	Area	Equipment	Advertising	Off Campus
Sanctuary	Nursery	Round Tables	Weekly Bulletin	Drivers
Modular	Kitchen	Rectangular Tables	Newsletter	Permission Slips
Potter's House	Classroom	Sound/Lights	Website/Facebook	
Other		Power Point	Newspaper/Radio	
		TV/DVD	Invitation Only	

Event Approval: _____ Date: _____

Event Not Approved: _____ Date: _____

Staff Leader: _____ Date: _____

Calendared: _____ Date: _____

(Return Form with EVENT PLANNING Sheet to Office for Pastoral approval and the approved sheets will be returned to your church mailbox within 7 business days)