

PROGRAM APPROVAL FORM

GENERAL INFO:

MINISTRY: _____

PROGRAM TITLE: _____

PROGRAM DATE: _____ PROGRAM TIME: _____

LOCATION: _____ ESTIMATED ATTENDANCE: _____

PLANNING OVERVIEW:

FACILITIES USAGE? YES NO

If yes, what? _____

Is there a cost for the facilities and how much? _____

TRANSPORTATION NEEDED? YES NO

If yes, what? _____

Is there a cost for the transportation and how much? _____

FOOD BEING SERVED? YES NO

If yes, what? _____

Is there a cost for the food and how much? _____

CHILDREN UNDER 18 INVOLVED? YES NO

WHAT OTHER ASSISTANCE WILL YOU NEED? _____

PROGRAM DESCRIPTION: Please write a brief description of the program and its goals.

PASTORAL REMARKS & APPROVAL:

Pastor or Designee Signature