



MINISTRY CALENDAR & BUDGET REQUEST FORM

Important 45-Day Policy

- *All ministry events/programs must be discussed and approved by Pastor Jones at least 45 days before the event date.*
 - *All check requests (if needed) must be submitted to your assigned Ministry Trustee at least 45 days before the event date.*
 - *Events without a 45-day check-in and completed financial paperwork may be postponed or removed from the calendar.*
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MINISTRY & LEADER INFORMATION

1. Ministry/Committee Name: _____
 2. Ministry Leader(s): _____
 3. Phone: _____ Email: _____
 4. Assigned Ministry Trustee: _____
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EVENT / PROGRAM DETAILS

Complete one form per event/program. If this is a recurring event, note that below.

1. Event/Program Title _____

2. Type of Event (check one):
 - ☐ Worship / Service
 - ☐ Fellowship / Social
 - ☐ Outreach / Community Engagement
 - ☐ Teaching / Training / Workshop
 - ☐ Fundraiser
 - ☐ Other: _____

We are a Community of believers GLOWING for Christ!

3. Proposed Date(s)

1st Choice: ____/____/____ 2nd Choice: ____/____/____

4. Time: From _____ To _____

5. Is this a recurring event?

☐ Yes – Frequency: _____

☐ No – One-time event

6. Location:

☐ Sanctuary

☐ Fellowship Hall

☐ Classroom(s) _____

☐ Parking Lot

☐ Off-site (describe): _____

7. Brief Description of Event / Purpose:

8. Target Audience (check all that apply):

☐ Children ☐ Youth ☐ Young Adults

☐ Adults ☐ Seniors ☐ Entire Church

☐ Community / Public

9. How does this event align with STAR's vision & theme for the year?

SUPPORT, PROMOTION & LOGISTICS

1. Church Support Needed (check all that apply):

☐ Media Ministry

☐ Musicians / Music Ministry

☐ Hospitality

☐ Security / Parking

☐ Custodial / Set-up / Clean-up

[] Other: _____

2. Promotion Needed (check all that apply):

[] Sunday Morning Announcements

[] Church Website

[] Social Media (FB / IG / etc.)

[] Email / E-blast

[] Printed Flyers / Posters

Preferred Promotion Start Date: _____

Special Set-Up Needs (tables, chairs, tech, décor, etc.):

BUDGET & FINANCIAL REQUEST

Please estimate as accurately as possible. Attach additional sheets if needed.

1. Is there a cost to participants?

[] No [] Yes – Amount per person: \$_____

How will funds be collected? _____

2. Estimated Expenses

- Speaker(s) / Honorarium: \$_____
- Musicians / Worship Support: \$_____
- Food / Refreshments: \$_____
- Supplies / Materials: \$_____
- Printing / Promotion: \$_____
- Transportation: \$_____
- Other (list): _____ \$_____

Total Estimated Expenses: \$_____

3. Funding Source(s)

[] Ministry Budget

[] Church General Budget

[] Fundraiser Proceeds

[] Participant Fees

[] External Donations / Sponsorship

Explain: _____



4. Will you need a check or payment issued by the church?

☐ No ☐ Yes

A check request must be submitted to your Ministry Trustee at least 45 days before the event.

- Estimated Check Request Amount: \$ _____
- Intended Payee(s): _____
- _____
- Purpose of Payment(s): _____

SIGNATURES

Ministry Leader Signature: _____ Date: _____

Ministry Trustee (Reviewed): _____ Date: _____

Pastor Jones – Program Approval: _____ Date: _____

Notes:
