



Bishop W. James Thomas, II, D. Min.
Senior Pastor

MINISTRY EVENT SUPPORT FORM

This form is to assist in planning your ministry event, whether at our church campus or another location. Please submit the completed form to ministrysupport@calvaryforward.org for approval and support.

Ministry Information:

Ministry Name:	
Contact Person:	Phone Number:
Email Address:	

Event Information:

Name of Event:
Approx. # of Attendees:
Proposed Date(s) and Time(s):
Proposed Location:

Brief description of event:

Please select all ministries that will need to be present at your event:

<input type="checkbox"/> Trustees:	<input type="checkbox"/> Culinary:	<input type="checkbox"/> Media:
<input type="checkbox"/> Deacons:	<input type="checkbox"/> Hospitality:	<input type="checkbox"/> Music Ministry:
<input type="checkbox"/> Security:	<input type="checkbox"/> Health Ministry:	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ushers:	<input type="checkbox"/> Church Photography:	



Bishop W. James Thomas, II, D. Min.
Senior Pastor

Special Guest:

Will your event require a speaker? <i>Check one</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of speaker: _____		
Has the speaker been approved by the Senior Pastor? <i>Check one</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has an Honorarium request been submitted? <i>Check one</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Has the speaker completed a W-9 Form? <i>Check one</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Other invited guest presenter or performer? <i>Check one</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of performer _____		

*****ADMIN USE ONLY*****

Event approved by:
Remarks: