

Restoration of Life Ministries International
Overseer Anthony C. Bell, Sr.

EVENT PLANNING SHEET

Thank you for your desire to plan and host a meeting or events for the ministry. It is not our intentions to discourage you from having your event, but it is our desire that your program is successful. The following questions will help you clearly plan a successful event. **Attached for your completion is a budget planning sheet, check request form and a mock flyer. Please submit all information 30 days prior to the event.** If you have any questions, please contact the main office.

Today's Date _____

Support Ministry: _____

Support Ministry Leader: _____

Contact Phone #: _____ E- mail: _____

Event Date: _____ Second proposed date _____

Type of Event: _____

Objective _____

Start Time: _____ End Time: _____

Have you discussed this event with your Director? _____
What Area(s) of the building do you need?

Do you need the kitchen? (Circle yes or no) Yes / _____, If yes
explain _____

What type of equipment do you need? (Video/sound/lights/overhead)

What will be the outcome of this event? (money/ evangelism etc.)

OFFICE USE ONLY

Approved/ Denied by _____ Date _____

Comments: _____

