

## EVENT REGISTRATION FORM

Activity \_\_\_\_\_

Ministry Sponsor \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Title of Your Event (for marketing/promotion) \_\_\_\_\_

Activity Date \_\_\_\_\_ Activity Time \_\_\_\_\_

Length (hours/minutes) \_\_\_\_\_

What is the goal/purpose/focus of the activity? (i.e., equip, evangelize, edify, or entertain)

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Brief description of the event/workshop (50 words or less). Please explain how this event will impact (1) the spiritual growth of people and (2) the numerical growth of this church.

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Room Requested \_\_\_\_\_ # of Tables Needed \_\_\_\_\_

Number of People Expected \_\_\_\_\_

Food or Menu Plans \_\_\_\_\_

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Will you need the church food director? Yes\_\_\_\_ No\_\_\_\_ Maybe \_\_\_\_

Will you need childcare for this event? Yes\_\_\_\_ No\_\_\_\_

If you need childcare, how many children are you expecting? \_\_\_\_\_

If you need childcare, what is the age range of the children? \_\_\_\_\_

Would you like a special room setup? Yes\_\_\_\_ No\_\_\_\_

If you would like a special room setup, please describe the setup.

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Will you need transportation for this event? Yes\_\_\_\_ No\_\_\_\_

If you need transportation, will it need to be roundtrip? Yes\_\_\_\_ No\_\_\_\_

If you need transportation, what is the geographical location you wish to be driven to?

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Will this event be overnight? If so, how many nights? \_\_\_\_\_

Will you need medical support/services? Yes\_\_\_\_ No\_\_\_\_

If you do not need medical support/services, do you have someone trained for the church's defibrillator and/or someone CPR certified? Yes\_\_\_\_ No\_\_\_\_

If you have someone to help with possible medical needs, please provide their name. \_\_\_\_\_

**\*Please provide a CPR certificate with your submission of this form, if you have someone there to assist with possible medical needs\***

## EVENT REGISTRATION FORM

How do you want your event to be advertised?

Social Media \_\_\_\_\_ Flyer \_\_\_\_\_ Both \_\_\_\_\_

If you want to advertise on social media, what would you like the flyer to say? (An email will be sent to you for your approval)

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**\* If you want a specific picture on the posting and/or flyer, please attach it with the submission of this form. (If no picture is provided, a design will be created for you)\***

Is this a registered or ticketed event? Registered \_\_\_\_\_ Ticketed \_\_\_\_\_

If your event is a ticketed event, how much are the tickets? (if tickets are free, write "Free")

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When is the cut-off date for registration? \_\_\_\_\_

Do you need photos taken at your event?

Yes \_\_\_\_\_

No, I have secured my own photographer and I understand that I must share them with newnmttop@gmail.com \_\_\_\_\_

No, I do not need photos taken \_\_\_\_\_