**Mandarin Lutheran Church  
EVENT/ PROGRAMMING ACTIVITY REQUEST, APPROVAL & AWARENESS FORM**

Review and Approval Dates:

\_\_\_/\_\_\_/\_\_\_CHURCH COUNCIL \_\_\_/\_\_\_/\_\_\_CHURCH OFFICE \_\_\_/\_\_\_/\_\_\_AUDIO VISUAL \_\_\_/\_\_\_/\_\_\_PROPERTY

Please CIRCLE if this activity is meant to be a **program** or **fundraising** opportunity.

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilitator or Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

contact information: phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Facilitator or Co-Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

contact information: phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary description of the activity (to be posted in master calendar, weekly e-bulletin, website and/or Facebook):

Please Promote this activity in (Check all that Apply):

\_\_Website \_\_ Facebook \_\_ Weekly \_\_Master Calendar \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time frame:

\_\_One-time event

\_\_Annual event

\_\_Weekly sessions for \_\_\_number of weeks

Proposed date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed time of day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Church sponsored activity or \_\_Outside partnership activity

Space needed:

\_\_Fellowship Hall

\_\_Conference Room 1- Youth Room (10 people max)

\_\_ Conference Room 2- Confirmation Room (6 people max)

\_\_ Conference Room 3- Multi-purpose Room (12 people max)

\_\_Sanctuary

\_\_Kitchen

\_\_Children’s Room(s)

\_\_Coffee Study Area

\_\_N/A; activity is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials needed: A/V Equipment:

Proposed expenditures: How will this cost be met?

\_\_Participant/Course Fee

\_\_Fundraising; please elaborate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Church budget (If Not in Church budget, Council approval is required)

\_\_Scholarship assistance upon participants’ request

\_\_ Personal donation