



FIRST BAPTIST CHURCH OF GUILFORD EVENT/ACTIVITY APPROVAL REQUEST FORM – SOP 1A

Ministry: _____ Ministry Leader: _____

Email: _____ Phone #: _____

Name of Event/Activity: _____

APPROVAL: EVENT/ACTIVITY SUPPORTS THE VISION AND MISSION OF FBCOG.

Pastor Tyrone P. Jones, IV

Date: _____

Event Date: _____ Event Time: _____

Location (FBCOG or off site): _____

Special Needs (i.e., chairs, tables, electricity, screens, AV): _____

BUDDGET:

Anticipated expenses: (itemize)

Anticipated Income: (i.e. admission or ticket charges) _____ Yes _____ No

CONFIRMATION: Ministry leader/representative (Check)

- _____ Date of the event/activity confirmed with the Church Clerk.
- _____ Availability of the facility and desired space confirmed with Facility Coordinator.
- _____ Discussed event/activity plans with ministry's Liaison.
- _____ Event is in ministry budget.

APPROVAL: REQUEST MEETS STANDARD OPERATING PROCEDURES AND BUDGET.

Beverly Everson-Jones, Trustee Chair

Date _____