



## 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): \_\_\_\_\_

**BUDGET:**

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: \_\_\_\_\_

*Please email completed form to Pastor and Trustee Chair.  
admin@fbcog.org and trustees@fbcog.org*