



# KINGDOM NATION CHURCH & MINISTRIES

## EVENT PROPOSAL

\*Please submit at least 90 days prior to proposed event.

DATE: \_\_\_\_\_

Fundraiser

Event Title:	Sponsoring Fellowship:
Date(s) of Event:	Time/timeframe of Event:
<b>Type of Event:</b> <input type="checkbox"/> Worship <input type="checkbox"/> Instruction <input type="checkbox"/> Fellowship <input type="checkbox"/> Evangelism <input type="checkbox"/> Other:	
Description of event:	
Financial Goal (if applicable):	
<b>Ministry support requested:</b> <input type="checkbox"/> <b>Event Coordination:</b> Decorations <input type="checkbox"/> Tables & Chairs <input type="checkbox"/> Food <input type="checkbox"/> Event Hospitality (servers) <input type="checkbox"/> Setup/breakdown <input type="checkbox"/> <b>Marketing:</b> <input type="checkbox"/> Flyers <input type="checkbox"/> Sunday Announcements <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> Other: <input type="checkbox"/> <b>Music Ministry:</b> <input type="checkbox"/> Musician (keyboard) <input type="checkbox"/> Full band <input type="checkbox"/> Praise & Worship Team <input type="checkbox"/> Ushers & Greeter <input type="checkbox"/> Security <input type="checkbox"/> Adjutants <input type="checkbox"/> Finance <input type="checkbox"/> <b>Multimedia:</b> <input type="checkbox"/> Sound system <input type="checkbox"/> Microphones <input type="checkbox"/> TV Monitors <input type="checkbox"/> Projector	
<b>Please provide any other details re: event (i.e. number of expected attendees, etc.):</b>	
Submitted by:	
Coordinator Signature:	Date:
Proposal received by:	
Approved by:	
Denied (reason):	

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## FLYER REQUEST FORM

(Please print or type)

Event Title:		
Date(s):	Time(s):	
Location/Venue:		
Speakers & Participants: <i>(full name, church, city/state)</i> – Please email photo's to include with this request.		
Target audience:		
Contact information:		
Name:	Phone:	Email: <i>(optional)</i>
PAPER: <input type="checkbox"/> postcard <input type="checkbox"/> card stock <input type="checkbox"/> copy paper		
FLYER SIZE: <input type="checkbox"/> 4x6 Postcard <input type="checkbox"/> 5x7 <input type="checkbox"/> 8 ½ x 11 <input type="checkbox"/> Other: _____		
STYLE: <input type="checkbox"/> E-flyer <i>(formatted for online use)</i> <input type="checkbox"/> Print		
Other: <i>Please provide any other ideas, suggestions, etc. desired</i>		

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## REQUEST FOR FUNDS & EXPENSE REIMBURSEMENT

\*Requests should be made at least 4 weeks prior to the event. Any request made later than the specified deadline, may result in subsequent denial of funds. Approved funds and reimbursement may take up to 10 days after approval to be paid.

Date:	
Fellowship:	Coordinator:
Reason for request:	Date of event:
Amount Requested: \$	Person to make Check payable to:
Please provide a detailed summary of items for funds needed:	
<b>EXPENSE REIMBURSEMENT</b>	
Amount for reimbursement: \$	Person to make Check payable to:
Reason for expense reimbursement:	
<input type="checkbox"/> Copies of receipts, invoices, etc. attached	
Coordinator Signature:	Date:
Request received by:	
Approved by:	
Amount Approved: \$	
Denied (reason):	