

THE ARK MONTEBELLO | MARKETING REQUEST



Date Submitted: ___ / ___ / ___

EVENT NAME: _____ MINISTRY: _____

REQUESTED BY: _____ OVERSEER APPROVAL: _____

CONTACT PHONE: _____ PASTORAL APPROVAL: _____

EMAIL ADDRESS: _____

- FOR BULLETIN ANNOUNCEMENTS AND COPY REQUESTS PLEASE ALLOW 1 WEEK FOR PROCESSING
- FOR ALL OTHER REQUESTS PLEASE ALLOW 2 WEEKS FOR PROCESSING
- ALL ENTRIES ARE SUBJECT TO REVISION/EDITING

PLEASE CHECK ALL THAT APPLY:

<input type="radio"/> BULLETIN	<input type="radio"/> NEW ANNOUNCEMENT <input type="radio"/> UPDATE EXISTING <input type="radio"/> REPLACE ENTIRELY <input type="radio"/> REMOVE ANNOUNCEMENT CIRCULATE FROM ___ / ___ / ___ TO ___ / ___ / ___
<input type="radio"/> FLYER	<input type="radio"/> NEW DESIGN REQUEST <input type="radio"/> UPDATE EXISTING <input type="radio"/> REPLACE ENTIRELY <input type="radio"/> REMOVE FLYER SIZE <input type="radio"/> QUARTER PAGE 4.25x5.5 <input type="radio"/> HALF PAGE 5.5x8.5 <input type="radio"/> FULL PAGE 8.5x11 <input type="radio"/> OTHER _____ CIRCULATION <input type="radio"/> INSERT IN SUNDAY'S BULLETIN <input type="radio"/> FOR INFO DESK <input type="radio"/> OTHER _____ CIRCULATE FROM ___ / ___ / ___ TO ___ / ___ / ___
<input type="radio"/> POSTER	<input type="radio"/> NEW DESIGN REQUEST <input type="radio"/> UPDATE EXISTING *\$20 FEE PER POSTER* CIRCULATE FROM ___ / ___ / ___ TO ___ / ___ / ___
<input type="radio"/> SANCTUARY OVERHEAD	<input type="radio"/> NEW DESIGN REQUEST <input type="radio"/> UPDATE EXISTING <input type="radio"/> REPLACE ENTIRELY <input type="radio"/> REMOVE OVERHEAD CIRCULATE FROM ___ / ___ / ___ TO ___ / ___ / ___
<input type="radio"/> WEB	<input type="radio"/> NEW DESIGN REQUEST <input type="radio"/> UPDATE EXISTING <input type="radio"/> REPLACE ENTIRELY <input type="radio"/> REMOVE WEB CIRCULATE FROM ___ / ___ / ___ TO ___ / ___ / ___
<input type="radio"/> OTHER	SPECIFICATIONS _____ _____ _____ _____ _____
<input type="radio"/> IN HOUSE	PAPER COLOR _____ <input type="radio"/> COLLATE <input type="radio"/> STAPLE <input type="radio"/> HOLE PUNCH QTY. _____ X <input type="radio"/> BW .03¢ OR <input type="radio"/> COLOR .25¢ = \$ _____
<input type="radio"/> OUT SOURCE	QTY. <input type="radio"/> 5,000 <input type="radio"/> 10,000 <input type="radio"/> 15,000 <input type="radio"/> 20,000 <input type="radio"/> OTHER _____ QUOTE \$ _____

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A PHOTO COPY OF THIS FORM IS TO BE PLACED IN THE INFORMATION DESK BINDER

MINISTRY

Headline/Event Name: _____

ANNOUNCEMENT PLEASE PRINT CLEARLY AND STAPLE TO THIS FORM ANY ADDITIONAL INFORMATION RELATING TO THE REQUEST

EVENT INFORMATION

Date(s) of Event: ____ / ____ / ____ to ____ / ____ / ____ Time of Event: ____ : ____ (am/pm) End Time: ____ : ____ (am/pm)

Event Location: _____ Will participants meet at The Ark? yes no

Age Requirement: _____

PAYMENT INFORMATION

Sign ups begin: ____ / ____ / ____ Sign ups end: ____ / ____ / ____

Total Cost: Adult: \$ _____ Child: \$ _____ Non-Refundable Deposit: \$ _____

Maximum sign ups: _____

ADDITIONAL INFORMATION

Medical release form to be distributed? yes no

Hand outs to be distributed at the info desk? yes no

If yes, please elaborate. (turn in handouts to info center - map, directions, etc.) _____

Please include any additional information pertaining to your event. (ie. what's included, what to take) _____

COMPLETION OF THIS FORM PROVES TO BE A VITAL TOOL FOR THOSE SERVING IN THE INFORMATION CENTER.
THANK YOU FOR YOUR COOPERATION!



date submitted: ___ / ___ / ___

(COMPLETE AND ATTACH EVENT SCHEDULE)

EVENT INFORMATION

name of event. _____
 date(s) of event. ___ / ___ / ___ to ___ / ___ / ___
 event coordinator. _____
 phone #. _____
 cell phone #. _____

location. _____
 time of event. _____ : _____ (am/pm)
 begin setup on. _____ : _____ (am/pm)
 tear down completed by. _____ : _____ (am/pm)

VISION STATEMENT/SPIRITUAL APPLICATION

LEADER/RATIO

event attendee gender? male female co-ed (co-ed events must be led by a male leader)

ratio: 1 leader per 5 attendees (if event is for youth 18 years and under)

will responsibilities be delegated to other leaders?

leaders: _____

PERSONNEL & STAGE EQUIPMENT REQUEST

security. yes no ushers/greeters. yes no worship team/band. yes no
 shuttle bus. yes no photographer(s). yes no if yes, how many? _____
 freshen up team. yes no pastor/speaker. yes no
 cafe facility & equipment use. yes no # of microphones. _____
 sound person. yes no vpm (pc/video). yes no # of music stands. _____
 audio record message (APPLICABLE ONLY IN SANCTUARY). yes no # of stools. _____
 video record message (APPLICABLE ONLY IN SANCTUARY). yes no ***please attach a stage plot (illustrated diagram).

EQUIPMENT REQUEST

TABLES
 # of 8' tables. _____

CHAIRS
 # of chairs per table. _____

TABLE CLOTHS
 color & quantity. PINK # _____ GREEN # _____ RED # _____ WHITE # _____

NAPKINS
 color & quantity. PINK # _____ WHITE # _____

DISCLAIMER: ANY LINEN DAMAGES OR MISSING UPON RETURN ARE SUBJECT TO A REPLACEMENT FEE CHARGED TO YOUR MINISTRY. PLEASE SEPARATE ANY DAMAGED LINENS AND INFORM MINISTRY OVERSEER/PASTORAL CARE.

CLEANING CHARGES

of table cloths. _____ x \$2.00 each = \$ _____
 # of napkins. _____ x \$0.25 each = \$ _____
 + \$ 20.00

total cost ... \$ _____
 (this amount will be charged to the ministry account)



CAFÉ EQUIPMENT REQUEST

of chafing dishes. _____ # of large water jugs. _____ # of food cambros. _____ # of coffee cambros. _____
 # of pitchers. _____ refrigerator storage. _____ # of (other). _____

MISC. ITEMS YOU MAY NEED BUT **ARE NOT** PROVIDED BY CCM

of plastic forks. _____ # of plastic knives. _____ # of plastic spoons. _____ # of napkins. _____
 # of cups. _____ # of sterno burners (for chafing dishes). _____
 # of (other). _____ # of (other). _____ # of (other). _____ # of (other). _____

TRANSPORTATION

transportation needed? **YES** **NO** if yes, are your drivers on CCM's insurance? **YES** **NO**
 white 11 pass van silver 12 pass van silver 7 pass mini-van black 6 pass truck
 25 pass bus 20 pass bus 19 pass bus other
 other. _____

RESERVATION/BOOKING

does this event require advanced reservations or booking? **YES** **NO** if yes, is there a down payment? **YES** **NO**
 if down payment is required, how much? _____ other. _____

FORMS

which forms are required to be distributed?
 liability/medical release. other. _____ other. _____
 will these forms require distribution upon registration at the CCM Office and/or Information Center? **YES** **NO**

TENTATIVE BUDGET

parking	\$
gas	\$
food	\$
entrance	\$
linen	\$
car wash (if using CCM vehicles please factor in \$20 car wash per vehicle)	\$
other	\$
other	\$
other	\$
other	\$
misc. costs	\$
overhead	\$
total event cost	\$
per person cost	\$

GROSS COST: \$ _____
NET COST: \$ _____

PREPARATION

6 P's (PRAYER, PROPER PLANNING PREVENTS POOR PERFORMANCE)

EVENT

CHUCK 1:1 "BLESSED ARE THE FLEXIBLE, FOR THEY SHALL NOT BE BROKEN."

OVERSIGHT

CAPS (REMIND YOUR LEADERS TO "PUT ON THEIR CAPS")

COMMUNICATION 99% OF ALL PROBLEMS STEM FROM A LACK OF COMMUNICATION. BE IN ONE ACCORD - PHIL 2:2

ACCOUNTABILITY NO ONE GOES OFF BY THEMSELVES. TWO ARE BETTER THAN ONE - ECCL 4:9-13; MARK 6:7

PRAYER PRAY WITHOUT CEASING - 1 THES 5:17; MATT 6:13; EPH 6:18

SAFETY ALWAYS PUTTING SAFETY FIRST, LOOKING AND WATCHING OUT FOR ANY POTENTIAL DANGERS. BE A SHEPHERD - JOHN 10:11-12

PASTORAL APPROVAL. _____ DATE. ____/____/____