

Zion Missionary Baptist Church
Event Details

Name(s) of lead ministry: _____

Contact Person(s) and phone #(s): _____

Name of event: _____

Day / Date / Time of event: _____

Alternate Dates: _____

Purpose/objective(s) of event:

Estimate of the number of people attending: _____

How will this event further the vision and mission of Zion? :

Other ministries that will partner with the planning and implementation of this event:

Who is the intended audience for this event? (Youth, adults, members, community at large, etc.)

If this event has budgetary implications, what is the estimated TOTAL amount needed?

External resources needed for event: (organizations, persons, donations, etc.)

<i>Office Staff Only</i>		
Approved Event _____	Denied Event _____	Date: _____