

# HARVEST LIFE CHANGERS CHURCH

## EVENT PLANNING FORM: STEP 3

### MARKETING AND EVENTS INFORMATION SHEET

**Instructions:** Once your program has been reviewed and approved. Please complete this form in its entirety and submit to the Events Department via email at [events@harvestlifechangers.com](mailto:events@harvestlifechangers.com). Hard copies can be submitted to the Ministry Admin Box in Room 300. Ideally it is good to submit this form at **least 2 months prior to your event launch date**.

EVENT LEAD CONTACT INFORMATION			
NAME:			
CONTACT #:		EMAIL:	
EVENT INFORMATION			
EVENT:			
EVENT DATE(s):			
DOORS OPEN:	EVENT START TIME:	EVENT END TIME:	
THEME:			
LOCATION:			
DESCRIPTION OF EVENT			
EVENT HIGHLIGHTS (I.E. SPECIAL PERFORMANCES, ETC....)			
CHILDREN PERMITTED		CHILDCARE PROVIDED <i>(If yes, please provide age, cost, etc... if required)</i>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EVENT COLORS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, provide colors:</i>

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<b>FOOD PROVIDED</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, provide menu:</i>	
<b>REGISTRATION</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>COST:</b>	<b>DEADLINE DATE:</b>
<b>AGE REQUIREMENTS:</b>				
<b>REGISTRATION REQUIREMENTS</b> <i>(If registration is required, give detailed requirements):</i>				
<p><b>ONLINE SIGN-UPS</b> <i>(If applicable)</i> <b>PROVIDE FIELDS</b> (i.e., name, address, email, etc....) YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
<b>METHOD OF REGISTRATION</b> <i>(EVENTS DEPARTMENT ONLY):</i>				

**EVANGELISM ASSISTANCE:** If you would like the assistance of the **Evangelism Ministry** to help you develop a plan to get the word out regarding your event, please contact via email the Evangelism Ministry at [evangelism@harvestlifechangers.com](mailto:evangelism@harvestlifechangers.com).

**TEXT MESSAGE:** Provide the text messages you would like to go out on the Harvest Text Club. Please note that each text message has a maximum of **125 characters** (letter, space and punctuation marks are counted as a character)

**Text Message (1<sup>ST</sup> Choice):**

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## **WEBSITE: (DO NOT SKIP!)**

Please provide the verbiage that you would like to propose to get the people to attend your event (i.e. Website, Harvest Connection, Social Media, etc...).

## **ADDITIONAL INFORMATION**

Ensure that your Ministry Director signs and dates the form or sends approval via email prior to submission to the Events Department (if applicable). Completed forms may also be submitted via email to the Events Department at [events@harvestlifechangers.com](mailto:events@harvestlifechangers.com) or hard copy to the Ministry Admin Box in Room 300.

Signature (**Event Lead**): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (**Ministry Director**): \_\_\_\_\_ Date: \_\_\_\_\_

### **EVENTS DEPARTMENT ONLY**

**Executive Event Director:** Date Received: \_\_\_\_\_ Initial \_\_\_\_\_ Date Forwarded: \_\_\_\_\_