

Log #: _____ Date Rec'd: ____/____/____

Logger's Initials: _____

LIFE CHANGING MINISTRIES
CLERICAL FORM

DIRECTOR'S INITIALS _____

DATE: ____/____/____

TODAY'S DATE: _____

NAME: _____

EMAIL ADDRESS: _____

AUX: _____

CONTACT NO.: _____

EVENT TITLE _____

CLERICAL REQUEST SECTION

GENERAL CLERICAL

Date Needed: ____/____/____ Title of Original _____ No. of Originals: _____

Need: Typed/Updated Copies No. of Copies _____ Other _____ (Please specify)

Additional comments/instructions:

BULLETIN ANNOUNCEMENT: For the month(s) of: _____ Date of Event ____/____/____

Start Time: ____ am/pm End Time: ____ am/pm Cost: _____ Last Day to Pay: _____

Location: _____
(Name of Location/Address/City/State)

Contact person(s): _____ Contact Information/#: _____

Announcement: _____

PURCHASE REQUEST SECTION

Amount Requested: \$ _____ Is tax included in total? ☐ Yes ☐ No Need monies by: ____/____/____ (Allow 10 business days please)

Purpose: _____

Item(s) requested: _____

Order #(s): _____ How many of each: _____ Size/Color: _____

Special Instructions: _____

Payment Type: ☐ Credit Card ☐ Cash ☐ Cashier's Check/Money Order ☐ Check

If requesting a check, make check(s) payable to: 1) _____ 2) _____ 3) _____

FACILITY & GROUNDS REQUEST SECTION

Purpose: _____ Date of Event: ____/____/____
(i.e., meetings, auxiliary events, rehearsals, etc.)

On Site Location: (Please check as many as apply)

☐ Main Sanctuary ☐ Fellowship Hall ☐ Classroom(s) ☐ North Lot ☐ Parking Lot

Start Time: ____ am/pm End Time: ____ am/pm

MATERIALS NEEDED (Specify the # each)

Chairs _____ Tables _____ Keys: ☐ Yes ☐ No Podium: ☐ Yes ☐ No Is audio support required? ☐ Yes ☐ No Will food be served? ☐ Yes ☐ No

Will you need the Fellowship Hall kitchen? ☐ Yes ☐ No Need additional rooms for childcare? ☐ Yes ☐ No

***Please Note: To use Sound System for your event please contact the Music & Arts Director or the Sound System Coordinator. They will schedule a trained sound tech to operate the Sound System for your event. Please budget for love offering for Sound System personnel. Thank you!*

EVENT PROPOSAL SECTION

Proposed Date: ____/____/____ ☐ Calendar Event ☐ New Event Starting Time: _____ am/pm Ending Time: _____ am/pm

Event Description: _____

LOCATION INFORMATION:

☐ On site (Check as many as apply): ☐ Main Sanctuary ☐ Fellowship Hall ☐ Classroom (which room?) _____ ☐ North Lot

☐ Off site (please fill out): Name of Off site Location: _____ Address: _____

VEHICLE USE:

Van Truck Driver _____
(Capacity) (8) (2)

COST SECTION: *(Cost Analysis and Budget required)*

Is there a fee to attend this event? ☐ Yes ☐ No If yes, please specify cost per person: _____

Is a deposit required? ☐ Yes ☐ No If yes, please specify cost per person: _____ Date deposit is due: ____/____/____

☐ LCM Funded ☐ Self-sustaining ☐ Ticket Sales - Deadline Date ____/____/____ (Tickets go up 15% after this date)

Proposed Guest Speaker/Singer: _____ (Bio is required if from outside of LCM) Cost for Guest Speaker: _____

Total Cost for Event: _____

MARKETING PLAN SECTION

How will this event be advertised? *(Marketing prices for the event must be included in your budget.)* Starting when? _____

☐ Bulletin ☐ Fliers ☐ Brochures ☐ Banners ☐ Posters ☐ Letters to the churches/community ☐ Door Hangers ☐ Website

☐ Radio ☐ Newspapers ☐ Billboard ☐ Television Other (Please specify) _____

Who is invited: ☐ Men ☐ Women ☐ Young Adults ☐ Children ☐ Community ☐ Clergy ☐ Other

INCOME	INCOME AMOUNT	EXPENSES	EXPENSE AMOUNTS
Offerings	\$	Guest Speaker	\$
Ticket Sales	\$	Marketing	\$
Grants	\$	Facility	\$
Donations	\$	Food	\$
Fund raisers	\$	Supplies	\$
Other	\$	Equipment	\$
Other	\$	Misc	\$
		Misc	\$
		Misc	\$
Total Income		Total Expenses	
TOTAL			

If other, in Income Section, please specify where funds are coming from: _____

Additional Comments: _____

Note: You may request your yearly Auxiliary Budget from the Administrator Monday thru Friday during office hours.

ADMINISTRATIVE STAFF ONLY

☐ Approved ☐ Denied ☐ Pending Date: ____/____/____ ☐ Senior Pastor _____ ☐ Administrator _____ ☐ Executive Director _____

Check(s) issued: # _____ # _____ # _____ # _____ Date Issued: ____/____/____

COMMENTS: _____

