

WAYLAND BAPTIST CHURCH

EVENT/ACTIVITY PACKET

MAIN EVENT



Table of Contents

Topic	Page
Event/Activity Summary Form	3 & 4
Media Ministry Support Request	5
Culinary Ministry	6
Usher's Ministry	7
Music Ministry Request Form	8
Security Ministry	9
Sexton	10
Request for Other Ministry Support	11
Request for Church Office Support	12
Request for Transportation	13

Event/Activity Summary Form

Today's Date:	
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All Ministry Leaders, Annual/Emphasis Day Chairpersons and any person planning/coordinating an Event/Activity "Must" complete this form and submit it to the Fold Coordinator as follows:

A small Event/Activity – 7days in advance of activity

A large/more detailed Event/Activity- 45-90 days in advance of Event/Activity.

Name of Ministry/Committee:	
Name of Event/Activity/Special Day:	
Request Date and Time:	
*Location od Event/Activity:	
Purpose of Event/Activity:	

Speaker Required	Yes	No	N/A	
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Please indicate what ministry support is requested for this activity. Complete and return the applicable form for the applicable ministry.

*Ministry support areas	Yes	No	Not applicable	
*Media/Sound				Web site application Attachment 1
*Culinary				Attachment #2
*Ushers				Attachment #3
*Music				Attachment #4
*Security				Attachment #5
*Sexton				Attachment #6 and also reference in #2
*Set up chairs/tables arrangement				
*Transportation				Attachment #7
*Hospitality				Form Pending
*Donation required by attendees:				
*Itemized Expenses:				
*Will a donation be made to the Church?				

Ministry Leader/Planning Coordinator signature (electronic acceptable)	
Telephone/Cell Number	
Email Address	

***Inform/Request assistance from individuals prior to finalizing Event/Activity Form.**

At the completion of the Event/Activity, the ministry is responsible for removing all material (flyer, pencil, booklets etc.) from the event/activity area.

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Pastor's Signature:	Date:
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Media Ministry Support Request:

Name of the Ministry/Committee	
Ministry Leader Name and Phone Number	
Name of the Event/Activity (Special Day)	
<p>Note: All requests must be made at least 4 weeks in advance of the Event. All documents, music, song, lyric, videos, presentation, etc. associated with your request must be submitted 4 weeks in advance.</p> <p>Request submitted less than 4 weeks in advance will not be honored, unless special written approval is given by Pastor Robert E. Young.</p>	
Date:	
Location:	
Time:	

Please list below any and all pertinent information that will assist the Media Ministry in expediting this request.	
1.	
2.	
3.	
4.	
5.	

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Note: A more in-depth Media Ministry form can be accessed online at media@waylandbc.org.

Upon receipt of the request, the Media Ministry will get in touch with the person whose name is cited above to advise if request can/cannot be accomplished.

Culinary Ministry Support Request Form

Please submit request at least 3 weeks in advance of the event.

Date:	
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To: Coordinator, Culinary Ministry

Name of Ministry	
Name of Contact Person	
Ministry contact phone number	
Type of Event/Activity	
Date/Time	
Number to be served	
Budget Category to be charged, if any	

Menu Request	
1.	
2.	
3.	
4.	
5.	

Please include sketch of how you want the tables arranged for your program. Indicate the location of the head table and the number of tables you desire. Each table comfortably seats 8.

Usher Ministry

Name of the Ministry/Committee:	
Ministry Leader Name:	
Name of the Event/Activity (Special Day)	
Date:	
Location:	
Time:	
Special Seating (Yes, No, not applicable)	Yes No NA
If Yes, number of pews to be reserved	
Expected number of persons to be in attendance	

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Note: The Director of the Usher Ministry or a designated person will notify the ministry contact person concerning this request.

Music Ministry Request Form

This form is for ministry that require assistance from the Music Ministry of Wayland Baptist Church. All requests are subject to the approval of the Director of Music. With this exception of funerals, all requests require a two-week notification. Please use one form per activity.

Requesting Ministry/Committee	
Ministry Leader Name/phone	

Event/Activity	

Date	Location	Time

Area	Yes	No	not-applicable
Musician			
Soloist			
Special Music			
Other			

Please list below all pertinent information that will assist the Director of Music in expediting this request.

Fold Advisory/Leader Signature: (Electronic acceptable)	Date:
Date Received by Director of Music	
Date Contacted Ministry Leader	
Request Approved/Denied	
Reason for Denial	

Denial Response sent to Requesting Ministry and Fold Leader:

Security Ministry

Support is requested for the following:

Name of the Ministry/Committee:	
Ministry Leader Name:	
Contact Person's Phone Number	
Name of the Event/Activity (Special Day)	
Date:	
Location:	
Time:	
Expected number of persons to be in attendance	
How many security persons are needed?	
Any special parking needed? (Yes/No)	Yes No
Name:	

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Note: Upon receipt of request, the Security Ministry will contact the person whose name is listed above to advise if the request can/cannot be accommodated.

Sexton

A sexton will always be on duty at any given affair. It is expected that everyone will comply with all rules and regulations established by Wayland Baptist Church at all times.

Name of the Ministry/Committee:	
Ministry Leader Name:	
Contact Person's Phone Number	
Name of the Event/Activity (Special Day)	
Date:	
Location:	
Time:	
Expected number of persons to be in attendance	
Name:	

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Request for Other Ministry Support

The Equipping Council or Church School (special equipment) etc. support is requested for the following:

Name of the Ministry/Committee:	
Ministry Leader Name:	
Contact Person's Phone Number	
Name of the Event/Activity (Special Day)	
Date:	
Location:	
Time:	
Briefly describe the type of support/equipment needed	
Name:	

Upon receipt of request, the appropriate individual will contact the ministry contact person regarding the request. The ministry is responsible for the care and return of any unused supplies or equipment. The equipment is to be returned immediately after the completion of the activity.

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Request for Church Office Support

Note: The request for Church Office Support should be submitted at least 2 weeks in advance of the date needed.

Date of Request:	
Name of the Ministry/Committee:	
Ministry Leader Name:	
Point of Contact Name:	
Contact Person's Phone Number	
Name of the Event/Activity (Special Day)	
Date:	
Location:	
Time:	
Briefly describe the type of support needed from the WBC Church office.	
Date by which support is needed:	

Upon receipt of request, the Administrative Assistant or Office Secretary individual will contact the ministry contact person regarding the request.

Fold Advisory/Leader Signature: (Electronic acceptable)	
Date:	

Request for Transportation

Note: This form must be completed and returned to the Transportation Ministry at least 2 weeks prior to the date of the trip.

Approval for use of Church vehicles is based on drivers(s) and vehicle availability.

Please remember to refuel van before returning to the Church.

Date of Request:	Date Needed:
Name of the Ministry/Committee Making the request:	
Ministry Activity/Event:	
Ministry Leader Name:	
Point of Contact Name:	
Contact Person's Phone Number	
Destination:	
Approximate Distance	
Timeframe	
Number of Persons	
Number of Vehicles	
Accessibility Requirements	
Briefly describe the type of accessibility requirements (wheelchair access, persons with walkers, etc.) needed from the Transportation Ministry	
Requested Driver	
Request Approved or Denied	
Authorized Driver	

Upon receipt of request, the Administrative Assistant or Office Secretary individual will contact the ministry contact person regarding the request.

Approved by: (Electronic acceptable)	
Date:	

Transportation Ministry Contact Persons
Deacon T. Ernest Haden, Coordinator 443-465-8012
Deaconess Inez Wiggins Support Fold Coordinator 410-913-9259