



## Ministry Event Form

This form is to facilitate the process of scheduling, planning, and implementing a church ministry event to ensure that it runs as efficiently and effectively as possible. Our goal is to be unified as a church in everything we do. Any ministry that we do is by God's grace and ultimately belongs to Him.

Please check off which ministry you are representing:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Outreach</b> Pastor Bushoven | <input type="checkbox"/> <b>University</b> Pastor Schuit     | <input type="checkbox"/> <b>Bible House</b> Larry Olson |
| <input type="checkbox"/> <b>Men</b> Pastor Jezequel      | <input type="checkbox"/> <b>Counseling</b> Pastor Jezequel   | <input type="checkbox"/> <b>Encore</b> Pastor Andersen  |
| <input type="checkbox"/> <b>Women</b> Pastor Van Dyk Jr. | <input type="checkbox"/> <b>Music</b> Rommel Guingon         | <input type="checkbox"/> <b>HCA</b> Pastor Van Dyk Jr.  |
| <input type="checkbox"/> <b>Missions</b> Pastor Schuit   | <input type="checkbox"/> <b>Small Groups</b> Pastor Bushoven | <input type="checkbox"/> <b>Children</b> Heather Horn   |

NAME OF GROUP: \_\_\_\_\_

CONTACT PERSON: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REQUESTED EVENT DATE(S): \_\_\_\_\_  
*(Please include day of week and dates of event)*

PURPOSE STATEMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNITY WITH PATHWAY: How does this event assist in *creating a healthy loving environment where people can connect, grow, and serve together as we present Christ as Savior and pursue Him as Lord.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET: \_\_\_\_\_

connect | grow | serve

hawthorne  
gospel



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hawthorne, nj 07506

t: 973.427.6960

f: 973.427.4712

## Ministry Event Form

EVENT AGENDA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROOMS & FACILITIES NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUDIO/VIDEO NEEDS/REQUESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFRESHMENTS NEEDS/REQUESTS: ( ) YES ( ) NO

*After event confirmation, a refreshments request form will be sent to you as needed.*

OTHER SPECIAL ARRANGEMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When the form is complete, please contact your ministry pastor with the form, so you can discuss the next step. For questions, please call Linda Ibach in the church office, 973.427.6960.

### EVENT APPROVAL

Ministry Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Calendar Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

*A healthy loving environment where people connect, grow and serve together  
as we present Christ as savior and pursue Him as Lord*