

## Mt. Moriah Baptist Church Ministry Proposal Form

*Please complete this form with a signature of Pastor approval before completing a Space Reservation Form.*

Submission Date: \_\_\_\_\_ Ministry: \_\_\_\_\_

Ministry Chair/President: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Email address & phone# of contact: \_\_\_\_\_

Event/Activity Purpose: \_\_\_\_\_

Goals: \_\_\_\_\_

Method: \_\_\_\_\_

Proposed dates: \_\_\_\_\_

Activity will take place at:                      Mt. Moriah                       Other location

<b>MINISTRY EVENT REQUIREMENTS</b>																	
<b>Room(s) Requested:</b>	<b>No. of tables:</b>	<b>No. of chairs:</b>															
<b>Additional items needed for meeting/event:</b> <input type="checkbox"/> Easel/ Flip Chart/Markers <input type="checkbox"/> TV <input type="checkbox"/> Projector <input type="checkbox"/> Laptop <input type="checkbox"/> Podium <input type="checkbox"/> DVD (must be submitted 48 hrs. prior to event) <input type="checkbox"/> CD Player <input type="checkbox"/> Microphones <input type="checkbox"/> Other _____																	
<b>Assistance needed from other ministries:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Security</td> <td style="width: 33%;"><input type="checkbox"/> Culinary Ministry</td> <td style="width: 33%;"><input type="checkbox"/> Transportation Ministry</td> </tr> <tr> <td><input type="checkbox"/> Deacon Ministry</td> <td><input type="checkbox"/> Worship &amp; Arts Ministry</td> <td><input type="checkbox"/> Bereavement Ministry</td> </tr> <tr> <td><input type="checkbox"/> Deaconess Ministry</td> <td><input type="checkbox"/> Audio/Visual Ministry</td> <td><input type="checkbox"/> Nurses Ministry</td> </tr> <tr> <td><input type="checkbox"/> Trustee Ministry</td> <td><input type="checkbox"/> Usher Ministry</td> <td><input type="checkbox"/> Hospitality Ministry</td> </tr> <tr> <td><input type="checkbox"/> Facilities/Sexton Support</td> <td><input type="checkbox"/> Decorating Ministry</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p style="text-align: right; margin-top: 10px;">_____</p>			<input type="checkbox"/> Security	<input type="checkbox"/> Culinary Ministry	<input type="checkbox"/> Transportation Ministry	<input type="checkbox"/> Deacon Ministry	<input type="checkbox"/> Worship & Arts Ministry	<input type="checkbox"/> Bereavement Ministry	<input type="checkbox"/> Deaconess Ministry	<input type="checkbox"/> Audio/Visual Ministry	<input type="checkbox"/> Nurses Ministry	<input type="checkbox"/> Trustee Ministry	<input type="checkbox"/> Usher Ministry	<input type="checkbox"/> Hospitality Ministry	<input type="checkbox"/> Facilities/Sexton Support	<input type="checkbox"/> Decorating Ministry	<input type="checkbox"/> Other
<input type="checkbox"/> Security	<input type="checkbox"/> Culinary Ministry	<input type="checkbox"/> Transportation Ministry															
<input type="checkbox"/> Deacon Ministry	<input type="checkbox"/> Worship & Arts Ministry	<input type="checkbox"/> Bereavement Ministry															
<input type="checkbox"/> Deaconess Ministry	<input type="checkbox"/> Audio/Visual Ministry	<input type="checkbox"/> Nurses Ministry															
<input type="checkbox"/> Trustee Ministry	<input type="checkbox"/> Usher Ministry	<input type="checkbox"/> Hospitality Ministry															
<input type="checkbox"/> Facilities/Sexton Support	<input type="checkbox"/> Decorating Ministry	<input type="checkbox"/> Other															

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Senior Pastor - Approval