

EVENT CONCEPT APPROVAL FORM

Purpose: To propose an event idea for approval.

Instructions: Please complete this form and submit to the EMM box in Room 300 or to emm@harvestlifechangers.com. You will be notified of approval within 1 week of submission. Please note that all requests are subject to change at any time.

Date: _____ Submitted by: _____

Are you a member of Harvest Life Changers Church? ___Yes ___No Membership Number: _____

Please provide as much information as necessary to give an understanding of what you are proposing. If more space is needed, please attach your answers on a separate sheet.

Proposed Event Title: _____

Description of the Event: *Provide as much information as necessary to give a good understanding of what you are asking to do.*

Purpose and Goal for this Event:

Participants: *Who do you envision participating in this event, i.e. ministry members only, open to entire church, etc?* _____

Proposed Date: _____ **Proposed Location:** _____

Approved _____ Disapproved _____ Date: _____

Pastoral Signature: _____

FOR OFFICE USE ONLY

Date Received: _____ Church Administration Initials: _____ Assigned Date for Event: _____ Launch Date: _____

Church Events - Initial: _____ Directorate/Ministry Event - Initial: _____ Ministry notified of approval/ disapproval: _____
Date