



StP2 EVENT PLANNING SHEET

EVENT NAME: _____ DATE _____

EVENT PRODUCER: _____

PRODUCER PHONE NUMBER: _____

PRODUCER EMAIL ADDRESS _____

EVENT SPONSERING COMMITTEE: _____

EVENT LOCALE: _____

EXPECTED ATTENDANCE _____

ON CHURCH CALENDAR Y _____ N _____

AD COM REVIEWED Y _____ N _____

HOUSEKEEPING REVIEWED Y _____ N _____

NEED HEAT / AC Y _____ N _____

GREAT HALL DOOR OPEN TIME _____ CLOSE TIME _____

TABLE/AV SETUP ON BACK Y _____ N _____

EVANGELISM INFLUENCE?

FINAL REVIEW:

MET GOALS Y _____ N _____

EXPLAIN _____

IMPROVEMENTS FOR NEXT TIME _____
