



**NEW HORIZON**  
CHRISTIAN CENTER

Request Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Event Coordination**

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Statement of Vision: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_ Room Assigned: \_\_\_\_\_

Budget: \$ \_\_\_\_\_ Estimated Cost Per Person: \$ \_\_\_\_\_

# People expected to attend: \_\_\_\_\_ Target age group: \_\_\_\_\_

Other general event info: \_\_\_\_\_

**Is child care needed? Yes No** If yes, how many children are expected and what ages?

**Objective Schedule:** Advertising/promotion, funding, sound, lighting, refreshments, cleaning, ushers/greeters, security, setup, breakdown, donations, , etc... **Be specific and thorough. Please describe all activities required for event success.**

| Objective: | Who: | Details: |
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