



## **APPLICATION FOR MINISTRY ACTIVITY AND CALENDAR DATE**

**\*\*\*\*\* TO BE COMPLETED BY REQUESTER \*\*\*\*\***

*Note: Complete section D only if this activity is a fundraiser or requires a special budget.*

Requesting Department: \_\_\_\_\_

### **A. Calendar Date and Description of Activity**

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Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Fundraiser: \_\_\_ Yes \_\_\_ No If yes, complete SECTION D

Description of event: \_\_\_\_\_

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Reoccurring: \_\_\_ Yes \_\_\_ No

Out of town travel: \_\_\_ Yes \_\_\_ No

### **B. Activity Needs**

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\_\_\_ Transportation

\_\_\_ Chaperones Estimated Needed: \_\_\_\_\_

\_\_\_ Food, Drinks, etc.

\_\_\_ Permits

\_\_\_ Tents

\_\_\_ Permission Slips/Medical Release Forms (Required for minors traveling out of town)

\_\_\_ Flyers Estimated Needed: \_\_\_\_\_

\_\_\_ Programs Estimated Needed: \_\_\_\_\_

\_\_\_ Medals, Trophies, Ribbons

\_\_\_ Main Sanctuary

\_\_\_ Kitchen

\_\_\_ Fellowship Hall

\_\_\_ Gym

\_\_\_ T-Shirts

Sound System

Media (Video, Audio, etc.)

Musician

Pastoral Services

Other Specify: \_\_\_\_\_

**C. Objectives and Assignment of Responsibilities**

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Event Objective(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Point of Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**D. Budgetary Information**

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**Projected Income**

Income Sources(s)

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Projected Income

A.

\_\_\_\_\_

**Projected Expenditures**

Deposit Required:

Yes

No

Expense Source(s)

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Projected Expenditures

B.

\_\_\_\_\_

(Please add another sheet if necessary)

Surplus

Deficit (A-B)

\_\_\_\_\_



Apostolic Restoration Ministry Church, Inc.  
**Office of Administration**  
Email completed forms to [ARMChurchForms.ms@gmail.com](mailto:ARMChurchForms.ms@gmail.com)

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Department Head*

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**\*\*\*\*\*Administrative Use Only Below this line\*\*\*\*\***

\_\_\_\_\_ Approved: \_\_\_\_\_ Denied:

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Administrative Office Representative*