

YOUTH MINISTRY TEAM

EVENT		EVENT DAY & DATE	
PURPOSE			
ASSOCIATED DAYS & DATES	/ / DAY	FOR	fundraisers, rehearsals, set-up, etc.
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	<input type="checkbox"/> ALL DATES CLEARED WITH CHURCH CALENDAR		
CHURCH AREAS RESERVED DATE ___ / ___ / ___	<input type="checkbox"/> FULLER HALL <input type="checkbox"/> FIELD	<input type="checkbox"/> SANCTUARY <input type="checkbox"/> _____	<input type="checkbox"/> YOUTH ROOM <input type="checkbox"/> _____
CHURCH AREAS RESERVED DATE ___ / ___ / ___	<input type="checkbox"/> FULLER HALL <input type="checkbox"/> FIELD	<input type="checkbox"/> SANCTUARY <input type="checkbox"/> _____	<input type="checkbox"/> KITCHEN <input type="checkbox"/> _____
MEMBERS/ ASSIGNMNTS	LEADER		
	NAME PHONE	JOB	
	NAME PHONE	JOB	
	NAME PHONE	JOB	
	NAME PHONE	JOB	
TOTAL EVENT COST	\$	TOTAL INDIVIDUAL COST	\$
EVNT DEPOSIT/ DUE DATE		IND DEPOSIT/ DUE DATE	\$ / /
FINL PMT AMT/ DUE DATE		FINL PMT AMT/ DUE DATE	\$ / /
<input type="checkbox"/> DISCUSSED PMT NEEDS/SCHEDULES W/ ADMIN SEC			# FEMALE LEADERS
<input type="checkbox"/> CHECK HERE IF SOMEONE OTHER THAN THE TEAM LEADER IS IN CHARGE OF ARRANGING FOR FINAL EVENT PMTS & RESPONSIBLE FOR SUBMITTING RECEIPTS _____			TOTAL GROUP
<input type="checkbox"/> AUDIO-VISUAL EQUIP NEEDED <input type="checkbox"/> CHILDCARE NEEDS TO BE PROVIDED		TRANSPORTATION	
		<input type="checkbox"/> CHURCH VAN NEEDED <input type="checkbox"/> TRAILER NEEDED <input type="checkbox"/> RESERVED W/AS ON ___/___/___ <input type="checkbox"/> PICK UP KEYS ON ___/___/___ <input type="checkbox"/> DRIVER(S) _____ <input type="checkbox"/> OTHER PARENTS _____	
PROMO NEEDS	<input type="checkbox"/> POSTERS # NEEDED		
	<input type="checkbox"/> FLYERS # NEEDED		
	<input type="checkbox"/> INFO COMMUNICATED TO CH OFF		