

OAKLAND AVENUE BAPTIST CHURCH

Activity Scheduling Worksheet

“Please fill out all areas of the “Activity Scheduling Worksheet”. Keep in mind that an activity that involves the entire church family, (example: Homecoming, Revival Services) will take precedence over all other activities and that individual ministry activities will be filled on a first come first requested basis”

“PLEASE RETURN THIS FROM TO THE PASTORAL STAFF”

- DATE REQUEST SUBMITTED: _____
- NAME OF MINISTRY REQUESTING: _____
- CONTACT PERSON (S): _____
- CONTACT PERSON (S) PHONE #'s: _____

- CONTACT PERSON (S) EMAIL: _____

- DATE OF ACTIVITY: _____
- START TIME: _____ END TIME: _____
- 2ND DATE IN CASE OF CONFLICT WITH ANOTHER ACTIVITY: _____

- BRIEF DESCRIPTION OF ACTIVITY: _____

- HOW IS THE ACTIVITY TO BE FUNDED: _____

- WILL THERE BE A SPEAKER FOR THE ACTIVITY: YES: _____ NO: _____
“If yes, all speakers must be approved by the Pastoral Staff”
- NAME OF SPEAKER: _____
- BRIEF DESCRIPTION OF SPEAKER (NAME OF CHURCH OR MINISTRY): _____

- WILL CHAPERONES BE NEEDED FOR THIS ACTIVITY: YES: _____ NO: _____
- IF YES, HOW MANY WILL BE NEEDED? _____

- *On the list below, please check all facilities, equipment and vehicles of Oakland Avenue Baptist Church that will be needed for the requested activity. The leaders are responsible for leaving all facilities, equipment and vehicles in as good or better condition than they were found. All trash is to be collected and properly disposed of. Please report any damage or problems as soon as possible to the Pastoral Staff and/or Deacon(s). If rental equipment is rented and used, the leaders of the activity are responsible for the return of all equipment.*

_____ SANCTUARY – NO DRINKS OR FOOD ALLOWED AT ALL TIMES

_____ SUNDAY SCHOOL ROOMS

_____ FELLOWSHIP HALL/KITCHEN/TABLES/CHAIRS

_____ VANS – NUMBER OF VANS THAT ARE NEEDED _____

_____ P.A. / AUDIO VISUAL EQUIPMENT

_____ RENTAL EQUIPMENT AND COST: _____

- DOES THE ACTIVITY NEED TO BE PUBLISHED IN THE WEEKLY CHURCH BULLETIN?
YES: _____ NO: _____
 - IF YES, DATE TO BE PUBLISHED: _____
 - IF YES, PLEASE WRITE WHAT NEEDS TO BE PUBLISHED : _____
- _____
- _____
- _____
- _____
- _____
- _____

- SIGNATURE OF ACTIVITY LEADER: _____
- DATE: _____
- ACTIVITY & DATE APPROVED: YES: _____ NO: _____
- APPROVED BY: _____

- MISCELLANEOUS NOTES: