

## Mount Calvary African Methodist Episcopal Church

Rev. Bobby B Cox, Jr – Pastor  
Rev. Angie Crawford-Cox – 1<sup>st</sup> Lady

### ANNUAL DAYS/SPECIAL EVENT & ACTIVITIES CHECKLIST

Annual Day/Ministry Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

ACTIVITY	ASSIGNED TO <i>(Name of Individual)</i>	DUE DATE <i>(Months/Days prior to event)</i>	DATE COMPLETED <i>(or date to be completed by)</i>
<b>I. Getting Started</b>			
<input type="checkbox"/> Select Committee Members			
<input type="checkbox"/> Choose Chairperson			
<input type="checkbox"/> Reserve Date on Church Calendar		6 - 12 months - Annual Days 3 - 6 months - all others	
<input type="checkbox"/> Reserve Facility/Room/Area		3 - 6 months	
<input type="checkbox"/> Guest Speaker/Musician/etc. <i>(Get approval from Pastor)</i>		At least 90 days	
<input type="checkbox"/> Develop Proposal and Submit to Commission • Activities (Complete proposal for each activity) • Budget • Timeliness • Sub-committees		At least 90 days	
<input type="checkbox"/> Final Approval (Cabinet)		Approval Response within 14 days of receipt	
<input type="checkbox"/> Check Voucher Request		Within 7 - 10 days prior to the date the check is required	
<b>II. Publicity</b> <i>(Contact Church Office)</i>			
<input type="checkbox"/> Design and order posters/flyers		45 days	
<input type="checkbox"/> Email Blasts/Church Website		30 days	
<input type="checkbox"/> Announcement in Bulletin		30 days	
<input type="checkbox"/> Reserve Church Bulletin Board		30 days	
<input type="checkbox"/> Reserve Display Tables		30 days	
<input type="checkbox"/> Special Bulletin Cover (if applicable)		30 days	
<b>III. Order of Service</b> <i>(Require Pastor's Approval)</i>			
<input type="checkbox"/> Pulpit Participants Assignment		14 days	
<input type="checkbox"/> # of Presentations ____		14 days	
<input type="checkbox"/> Litany (if applicable)		14 days	
<b>IV. Other Needs</b> <i>(if applicable)</i>			
<i>For Speaker: (Contact Church Office)</i>			
<input type="checkbox"/> Honorarium		30 days	
<input type="checkbox"/> Transportation-Hotel		30 days	
<input type="checkbox"/> Gift Basket-Hotel		30 days	
<input type="checkbox"/> Armor Bearer		30 days	
<input type="checkbox"/> Special Requirements		30 days	
<i>Church Support Ministries:</i>			
<input type="checkbox"/> Musicians/Choir/Dancers/Drama		60 days	
<input type="checkbox"/> Culinary <i>(food/refreshments)</i>		30 days	
<input type="checkbox"/> Special set-up or equipment		30 days	
<input type="checkbox"/> Security		30 days	
<input type="checkbox"/> Trustee <i>(Access to facility/set-up/clean-up)</i>		30 days	
<input type="checkbox"/> Ushers		30 days	
<i>Other:</i>			
<input type="checkbox"/> Gifts (Pastor, Executive Minister, Honoree, etc.)		14 days	
<input type="checkbox"/> Handout/give-away/souvenir		14 days	

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*Rev. Bobby B Cox, Jr – Pastor*

**DISBURSEMENT VOUCHER / CHECK REQUEST**

**Date:** \_\_\_\_\_ **Ministry/Organization:** \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

*Church does not reimburse for taxes. Attach receipts if applicable.*

**Payable to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description/Purpose:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Payment Request Date:** \_\_\_\_\_

*There is a 7 - 10 day turn-around for payment.*

\_\_\_\_\_

*Ministry President's Signature*

\_\_\_\_\_

*Ministry Treasurer's Signature*

\_\_\_\_\_

*Cabinet Member's Signature*



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**RECEIPT TURN-IN FORM**

**Date:** \_\_\_\_\_

**Ministry/Organization:** \_\_\_\_\_

**Amount Initially Received: \$** \_\_\_\_\_

**Amount turned Back In: \$** \_\_\_\_\_

**Are Receipts attached?** \_\_\_\_\_

**If no, why not?** \_\_\_\_\_

\_\_\_\_\_

**Amount of Personal Funds Used: \$** \_\_\_\_\_

**Payable to: (if Applicable)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Ministry President's Signature*

\_\_\_\_\_

*Ministry Treasurer's Signature*

\_\_\_\_\_

*Cabinet Member's Signature (if check needed)*

# Mount Calvary African Methodist Episcopal Church

## ANNOUNCEMENT REQUEST FORM

Submission Guidelines - Bulletin submissions require 2 week notification with information detailed below.  
Special bulletin cover and flyer designs require 6 week notice to the Communications Ministry.

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

Announcement Dates: \_\_\_\_\_

Requestor: \_\_\_\_\_

Ministry/Organization: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of Advertisement:

Bulletin/Program

Pulpit

Bulletin Board

Flyer

Website

**Information for announcement:** WRITE LEGIBALLY (or attach flyer/poster)

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\_\_\_\_\_  
**Organization President's Signature**

\_\_\_\_\_  
**Date**

**Church Office:** (Circle) Approval / Disapproval

\_\_\_\_\_  
**Date**

# Mount Calvary African Methodist Episcopal Church

## PULPIT PARTICIPANT ASSIGNMENTS

Annual Day/Ministry Event: \_\_\_\_\_

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

8:00am Service	ASSIGNED TO <i>(Name of Individual)</i>	11:00am Service	ASSIGNED TO <i>(Name of Individual)</i>
PRESIDING		PRESIDING	
INVOCATION		INVOCATION	
SCRIPTURE		SCRIPTURE	
THE OCCASION/LITANY (If Applicable)		THE OCCASION/LITANY (If Applicable)	
WELCOME		WELCOME	
PRESENTATIONS		PRESENTATIONS	
INTRO OF THE PREACHER		INTRO OF THE PREACHER	

\_\_\_\_\_  
Organization President/Chairperson's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Approval

\_\_\_\_\_  
Date

# Mount Calvary African Methodist Episcopal Church

## SPECIAL EVENT OR ACTIVITY EVALUATION SHEET

*(To be Submitted 2 weeks After the Event with Committee Report)*

NAME OF EVENT: \_\_\_\_\_

DATE EVENT TOOK PLACE: \_\_\_\_\_

WHAT WAS YOUR GENERAL IMPRESSION OF THE EVENT?

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DO YOU THINK THE GOALS FOR THIS EVENT WERE ACHIEVED? WHY OR WHY NOT?

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WHAT CHANGES WOULD YOU SUGGEST BE MADE IN THE FUTURE?

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DO YOU RECOMMEND THIS EVENT TO BE CONTINUED? YES or NO

OTHER COMMENTS:

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Organization President's Signature

Date

# Mount Calvary African Methodist Episcopal Church

## SPECIAL EVENT OR ACTIVITY COMMITTEE REPORT

*(To be Submitted 2 weeks After the Event with Evaluation Sheet)*

NAME OF EVENT: \_\_\_\_\_

DATE EVENT TOOK PLACE: \_\_\_\_\_

**Please give an overview of how the event/activity went; include any goals and objective that were met.**

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**Total Income:** (If applicable)            \$ \_\_\_\_\_

**Total Expenses:** (If applicable)        \$ \_\_\_\_\_

**Net Income:** (If applicable)            \$ \_\_\_\_\_

\_\_\_\_\_  
**Organization President's Signature**

\_\_\_\_\_  
**Date**