RHEMA CHRISTIAN CENTER

Event Proposal Form

Part I: Event Informati	<u>1011</u>	
Ministry:		
Type of Event:		
Date(s) of Event:		
Person Requesting		Phone #
Part II: Proposed Even	t Budget	
Revenues Anticipated		
1.) Registration Fees 2.) Offerings 3.) Sales 4.) 5.)		\$
	(A) Total Revenues:	\$
Expenses		
 Honorariums (attach list) Lodging for Speakers Transportation Printing Food Other 		\$
	(B) Total Expenses:	\$
	Excess (Deficit) (A) – (B)	\$
Part III: Project Appro	<u>oval</u>	
Pastor / Ministry Oversight VP Finance:	t:	Date: