

COMMUNICATIONS, COORDINATION AND CONTROL POLICY  
LIVING FAITH COMMUNITY CHURCH

**ACTIVITY REQUEST/COMMUNICATION CHECKLIST**

Below are guidelines for the use of this form:

1. A minimum of sixty (60) days notice is required for all activity requests.
2. The "Request" portion is filled out and the form turned in via email or designated box at the front desk (see instructions at bottom of form).
3. The Church Administrative Assistant will confirm availability of the date and time on the church calendar and the event will be "penciled in" on the calendar, pending approval.
4. The form will be submitted to the Executive Pastor/Administrator for approval/disapproval with the recommendation of the Pastor.
5. The Executive Pastor/Administrator will review activities as needed with the Event Committee and assess the impact on other ministries.
6. The Executive Pastor/Administrator will discuss future planned events with the ministry leaders during their monthly meeting. During this meeting, the impact on or participation of other ministries will be discussed and signed off on.
7. The completed form is returned to the Church Administrative Assistant for filing and confirmation on the LFCC calendar.

**Living Faith Community Church**  
**ACTIVITY REQUEST / COMMUNICATION CHECKLIST**

**REQUEST BY:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Ministry: \_\_\_\_\_

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

**ACTIVITY REQUEST:**

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

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

Location: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANNOUNCEMENT REQUEST:**

Add Activity to announcement slides?

YES

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

NO

**FOR INTERNAL USE ONLY**

**APPROVAL:**

Exec Pastor/Admin approval: *Initials* \_\_\_\_\_

Church Calendar: *Initials* \_\_\_\_\_

APPROVED

DATE AVAILABILITY CONFIRMED

DENIED

ADDED TO CALENDAR

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINISTRY IMPACT CHECKLIST:**

Hospitality \_\_\_\_\_

Youth \_\_\_\_\_

Music/Audiovisual \_\_\_\_\_

Children \_\_\_\_\_

Outreach \_\_\_\_\_

Facilities \_\_\_\_\_

Ushers \_\_\_\_\_

Housekeeping \_\_\_\_\_

Greeters \_\_\_\_\_

Finance \_\_\_\_\_

Other (Name) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO SUBMIT FORM: E-mail to [admin@salivingfaith.org](mailto:admin@salivingfaith.org) OR [exec.admin@salivingfaith.org](mailto:exec.admin@salivingfaith.org) OR Place form in IN BOX at lobby desk**

C:\Users\Owner\Documents\LFCC 2\SOP\Communiations SOP\Activity Request-Communication Checklist.xls