

CHURCH EVENT PLANNING INPUT FORM



GENESIS
-HEALTH REVOLUTION-

DATES:

1st
Choice: _____

2nd
Choice: _____

Church:

Name: _____

Address: _____

Contact Person:

Name: _____

Phone: _____

E-Mail: _____

Please take a few minutes and answer these questions which will help us to be able to determine the best way that we can fulfill your needs for conducting Health Programs.

1) Have you familiarized yourself with our website?

YES

NO

2) If you answered NO to question # 1 above, please go to our website and familiarize yourself with the programs and various forms and downloads that we offer.

3) Based on the various Health Programs offered on our website, are you wanting for us to conduct a full ***Health Emphasis Month?***

YES

NO

- If the answer is yes, please list the various programs that you are considering us conducting:

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4) Are you aware that approval from your church board for us to come is required for us to put on any Health related program? YES NO

5) Do you have the personnel to do the required advertising for your events? Advertising is the single biggest step your church can do to ensure a successful program is conducted. YES NO

6) Do you have between 4-6 members to assist in the administrative and kitchen functions required to put on the desired programs? YES NO

7) Have you conducted these programs in the past at your church? YES NO

8) If so, when were these events last conducted?

9) Does the location that your event will be held at have at least a full residential style kitchen and dining room area to seat the participants? YES NO

10) What is the maximum number of participants that your facility can hold for the various events?

11) Does the location have an audio/visual system? YES NO

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12) Do you presently have any other events scheduled that would interfere with these Health Programs that we will be conducting? (IE Pathfinders, Adventurers, Women's Ministry etc)

YES NO

13) Does your church have RV hook ups (Water, Electric and Sewer) that we can use for our RV while staying at your facility?

YES NO

14) If so, what type of electrical connection is supplied?

15 Amp 30 Amp 50 Amp

15) Are you intending for us to just conduct the program, or to conduct and teach your Health Leaders to do these programs in the future?

Conduct Conduct and Teach

16) What nights each week are available in your church's schedule for Health Programs to be conducted while we are there?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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17) Are you aware that planning for a Health Program will need to start a minimum of 6 months prior to us arriving?

YES NO

18) With the knowledge of the 6 month planning window mentioned above, please be advised that we are normally scheduling churches for Health Programs a year in advance.

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