

Seasons of Refreshing Planning Sheet (Due by Nov 1st)

LOCATION	
Facility Name	Date:
Facility Contact	Phone
Address	City/Town
Driving Directions:	
Motels within 10 kms:	
Area Restaurants:	
Billets Available:	

COST	
Building Fee: \$	Janitor/Sound Fee:\$
Lunch Available:	Cost \$
Coffee:	Cost \$

FACILITY SET-UP				
Worship Room Capacity:		Registration Area:		
Coffee/Lunch area seating:		Children's Ministry:		
Space For:				
Goodies <input type="checkbox"/> Y <input type="checkbox"/> N	Hospitality <input type="checkbox"/> Y <input type="checkbox"/> N	Prayer Room <input type="checkbox"/> Y <input type="checkbox"/> N	Children's Ministry <input type="checkbox"/> Y <input type="checkbox"/> N	
Available:				
Tables <input type="checkbox"/> Y <input type="checkbox"/> N # __	Chairs <input type="checkbox"/> Y <input type="checkbox"/> N # __	Sound Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Kitchen <input type="checkbox"/> Y <input type="checkbox"/> N	

SUPPLIES	
Large Coffee Pot <input type="checkbox"/> Y <input type="checkbox"/> N	Juice Jugs <input type="checkbox"/> Y <input type="checkbox"/> N

Budget Estimations for Seasons

Expected attendance: ___ x \$15.00 = \$
Building costs - \$
Misc. Costs(i.e. coffee, sugar, juice) - \$
Estimated Profit \$

Comments:

Prepared by: _____

Date Submitted: _____