



Yearly Ministry Activity Plan and Request Form

Submit completed form to COM at com@alphaworship.org or place in COM's mailbox

Ministry: _____

Ministry Leader: _____

Ministry Assistant: _____

Scheduled Meeting Dates/Days: _____

Meeting Start Time: _____

Meeting Location _____

Team Members:

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Name _____ Phone Number _____ Email _____

Ministry Goals and Objectives: _____

**Please provide all activities, events, presentations, trips, services, etc. (including dates and locations for the entire year of _____).
It is required that you meet with your Ministry Steward to aid in completing this form for budgeting purposes.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Submitted by: _____

Dated: _____