



MINISTRY SCHEDULE OF EVENTS AND BUDGET REQUEST– 2027

(THIS FORM MUST BE COMPLETED AND RETURNED TO THE CHURCH OFFICE BY DECEMBER 4, 2026)

EPM FORMS MUST BE SUBMITTED 60 DAYS IN ADVANCE FOR ALL SCHEDULED EVENTS TO BE PLACED ON CALENDAR

MINISTRY _____ MINISTRY LEADER _____

CONTACT PHONE: _____ EMAIL: _____

MEETING/REHEARSAL DAY(S) AND TIME: _____ NUMBER OF MEMBERS _____

LIST SPECIAL EVENTS BELOW

DATE OF EVENT	NAME OF EVENT (AS IT IS TO APPEAR ON CALENDAR)	PURPOSE AND DESIRED OUTCOME* (SPIRITUAL, RECREATIONAL, SPECIAL WORSHIP, ETC)	START TIME	END TIME	LOCATION OF EVENT SHADYSIDE GALILEE SOUTH OFFSITE	CHURCH FUNDED OR MINISTRY FUNDED	ESTIMATED COST OF EVENT (IF APPLICABLE)	ESTIMATED PROCEEDS (IF APPLICABLE)

*Purpose and Desired Outcome Explanation _____

Received By (Church Office Staff): _____ Date: _____

PLEASE COMPLETE AND EMAIL TO: jclay@galileenow.tv