



Activity / Program / Event / Workshop Application

Personal Information (please print)

Applicant Name: _____

Home phone: _____ Cell phone: _____

Street, City, State, Zip: _____

Check all that apply: GGCSL Member Practitioner Completed *Foundations* Not a member of GGCSL

Activity Information

Name of Activity, Program or Event: _____

Proposed Date(s): _____ Proposed Time: _____

Type of Event: Education Spiritual Outreach Social Fundraising Other: _____

Proposed Location: _____

Estimated Number of Participants: _____ Detailed Budget: See Page 5 N/A

Proposed Fee: Love Offering No Charge Conforms to Education Guidelines: Yes No N/A

Proposed Income Distribution: N/A 50/50 _____% Applicant/_____% GGCSL

Proposed Textbook(s): N/A Title/Author: _____

Personnel Information

Leader's Name: _____

Home phone: _____ Cell phone: _____

Leader's Role: Instructor Facilitator Coordinator Guest Speaker Other:

Prayer Partner: _____ Phone: _____

Registrar: _____ Phone: _____

Practitioner: _____ Phone: _____

An Event Team will be required and will be formed by the applicant upon approval.

Approvals (Office Use Only)

	N/A	Not Approved	Recommended	Approved	Initials	Date	Comments/Conditions
Gateway Core	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Visioning Core	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Operations Core	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stewardship Core	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Core Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Senior Minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Scheduled on Master Calendar (Date): _____

Un-Hidden Agenda (please print)

Purpose and Intentions

Abundance • Balance • Beauty • Freedom • Joy • Love • Order • Peace • Power • Unity • Wholeness • Wisdom

Purpose: What "Quality of God" is the Divine Purpose of this activity? _____

Intentions: *(What intentions or outcomes do you hold for the participants of this activity?)*

- _____

- _____

- _____

Description of Activities: *(Briefly describe the activities that will take place)*

- _____

- _____

- _____

Personal Intentions: *(What intentions do you hold for yourself as a result of conducting this activity?)*

- _____

- _____

- _____

Qualifications: *(Briefly describe qualifications and relevant past experience)*

- _____

- _____

- _____

Completion

Return completed form to:

Golden Gate Center for Spiritual Living, 101 Casa Buena Dr Ste B, Corte Madera CA 94925

I declare my willingness to serve as a center for the expression of Spirit as described above.

Additional information is attached.

Applicant Signature: _____ Date: _____

Major Event Planning

Services Needed

<input type="checkbox"/> Site selection	<input type="checkbox"/> Sunday announcements	<input type="checkbox"/> Ads
<input type="checkbox"/> Theme/décor	<input type="checkbox"/> Ushers	<input type="checkbox"/> Press releases
<input type="checkbox"/> Food	<input type="checkbox"/> Nametags	<input type="checkbox"/> Invitations/program
<input type="checkbox"/> Accommodations	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Graphic design
<input type="checkbox"/> Rental equipment	<input type="checkbox"/> Music director	<input type="checkbox"/> Posters/flyers
<input type="checkbox"/> Transportation	<input type="checkbox"/> Recording	<input type="checkbox"/> Beverages
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Practitioners
<input type="checkbox"/> Lighting/Sound	<input type="checkbox"/> Setup	<input type="checkbox"/> Photographer
<input type="checkbox"/> Insurance	<input type="checkbox"/> Book/CD sales	<input type="checkbox"/> Videographer

Timeline

	From (am/pm)	To (am/pm)
Site décor/setup		
Food/beverage arrival		
Guest arrival		
Presentation/speeches		
Entertainment		
Guest departure		
Site cleanup/takedown		

Site Selection

Type of Site: _____

Preferred Location: _____

Alternate Location: _____

Distance from GGCSL: _____

Hours of Usage (include setup/takedown): _____

Equipment Available: Sound Lighting Recording Kitchen

Equipment to be Rented: Sound Lighting Recording Food Service

Sufficient Parking Available: Yes No

Food:

Type of Service: Passed Buffet Sit-down Potluck Barbecue Picnic Finger Foods None

Type of Meal: Hors d'oeuvres Breakfast Lunch Dinner Dessert

Beverages: Host No Host

Wine Beer Champagne Full Bar Sodas Bottled Water Coffee Tea

Caterer: _____

Contact Name and Phone: _____

Menu Comments: _____

Utensils (indicate number needed of each item)

Silverware or Plasticware: Forks: _____ Knives: _____ Spoons _____

China or Paper plates: Dinner Plates: _____ Salad Plates: _____ Dessert Plates: _____

Glassware or Plastic: Wine (Red: _____ White: _____) Champagne: _____ Cocktail: _____ Beer steins: _____

Paper Napkins or Cloth Napkins: Dinner: _____ Cocktail: _____

Theme/Décor

Theme: _____

Flowers: _____

Props: _____

Lights: _____

Color Scheme: _____

Entertainment

Music: Band DJ VJ Trio Other: _____

Interactive: Walkarounds Other: _____

Games: _____

Shows: Singer Magician Other: _____

Children's Arts & Crafts: _____

Materials

<input type="checkbox"/> Invitation/RSVP cards	<input type="checkbox"/> Postage/stamps	<input type="checkbox"/> Programs	<input type="checkbox"/> Signage/banners
<input type="checkbox"/> Envelopes	<input type="checkbox"/> Momentos	<input type="checkbox"/> Posters/flyers	<input type="checkbox"/> Other:

Marketing

Newspaper ads (Newspaper, date): _____

Craigslist, Tribe, marin.org, Comcast: _____

Sunday bulletin (dates): _____

Other local churches: _____

Event description for advertising: _____

Proposed Budget *(All events are self-sustaining and profitable.)*

Expenses	
Location rental	\$
Speaker fee	\$
Entertainer(s) fee	\$
Sound	\$
Lighting	\$
Decor	\$
Advertising	\$
Printing	\$
Recording (Audio/Video)	\$
Books/CDs for sale	\$
Food	\$
Beverages	\$
Paper goods/plasticware or china/silverware	\$
Income	
Ticket Sales	\$
Sponsors/Ads in program	\$
Book/CD sales	\$
Sales of event recordings	\$
Event Profit/(Loss)	\$