

Start of Function Checklist

Function & Theme _____

Date _____

- Coordinator meets with Team Facilitator(s) Review Toolkit/Guidelines/Roster.
- Coordinator meets with Team Facilitator(s) to discuss possible Program Themes.
- **3 months Ahead:** Coordinator schedules 1st “All Team Meeting” + A/V **Finalize Theme.**
- **Lead Facilitator** schedules 2nd “All Team Meeting” : Program, Décor, Food/Kitchen. ***Notes to Coordinator, if not attending.**
- **2 Months Ahead:** Send Newsletter & Office Flier Information by the 15th day of the month prior to the Event.
- Send draft Agenda to Coordinator for Advisory Team Review
- **1 Month Ahead:** set **dates** for: -Kitchen Helpers’ Training, -possible A/V,
- program rehearsal, -food shopping --Food Prep Day Before? Or A.M. of Event ? - Reserve FCC Rm/Kitchen
- Confirm -Dishwasher, -1st Time Attendee’s Table, -Deacon of the Month for garbage removal. **2 Weeks Ahead:** Ask **only one** member to request and then send out confirmed **list** of
- **21 Table Hostesses + 2-3 additional Table Hostesses** to move around tables, to refill pitchers, or get food.
- **2-4 Door Greeters**
- Identify who will make reminder calls to attendees
- **1 Week Ahead:**
- **Registrar will send Total expected Guest Count to Quarterly Coordinator and Lead Facilitator.**
- **Contact: Table Room Set-Up.**
- **Confirm Refrigerator Use.**
- **Week of Event:** On Monday morning get Total Attendee List with Contact Information from Registrar and have **team members** make **reminder calls** to all guests. **Check with Registrar for updates on cancellations and wait list prior to event.**
- **Shoppers for Food:** Save all receipts with original plus 2 copies.
++Be sure all **participants** on stage have a copy of the **final agenda** and routine for **introductory format:** .birthdays, offering, new attendees, introductions that the emcee is to follow.
- **Day of Event:** Food Prep, Meet with Table Hostesses 1 hour before doors open and review hostess responsibilities, and ask one team member to do Quality Control check of table settings.
- Turn in original **Receipts** with form and 2 copies of all to Treasurer, member keeps 1 copy. Total of all receipts for reimbursement cannot exceed the budget as defined by the Advisory Team.

Completed and Signed Form to Women’s Ministry Lead(s).

Team Facilitator _____

Quarterly Coordinator _____