



MOBILIZATION MINISTRY EVENT APPLICATION & EVALUATION FORM

Please complete the form below BOTH before and after your event in order to allow the Mobilization Committee to track and evaluate the effectiveness of the proposed event. (Please complete this form even if funding is not requested. Please note that this form is REQUIRED both PRE and POST event in order to be considered for event funding. All funding is subject to approval by the Mobilization Committee.)
 If you have any questions, please contact the GBC Mobilization Office at 260-5712.

Event Name	
Date(s) of Event	
Location of Event	
Description of Event	
Purpose of Event	
GBC2016	Describe how this event fits with GBC 2016
Attendance	How many people are expected to or did attend this event? PRE-EVENT ESTIMATE: _____ POST EVENT ACTUAL: _____
Gospel Witness	How many people will hear or did hear the gospel at this event? PRE-EVENT ESTIMATE: _____ POST EVENT ACTUAL: _____
GBC Involvement	How many GBC members will participate/did participate in this event? PRE-EVENT ESTIMATE: _____ POST EVENT ACTUAL: _____ Is the Event Contact a GBC member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Organizations	State the names of other churches or organizations participating in this event, if any.
Pre-Event Training	Describe the evangelism training your team members will receive/did receive for this event. Does your event need evangelism training assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____
Disciple Making	How will POST event follow-up be handled?
Post Event Results	How many people professed faith in Christ? How many people will be baptized?
Event Cost	Will there be a cost for participants? Yes <input type="checkbox"/> \$ _____ No <input type="checkbox"/> If yes, explain.
Funding	Do you desire GBC event funding for this event? Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated Amount: \$ _____ POST EVENT: Actual Cost: \$ _____ (Note: Receipts are required for all GBC expenditures.) How will funds from GBC be used? _____
Other	Is there anything else you would like the Missions Committee to know about your event? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Name of Event Contact Person	
Contact Phone Number	
Contact Email Address	
Prior Experience	What type of prior experience do you and your team have with this type of event? _____
Evaluation	POST: Describe how you evaluate this event. _____ Will you seek to do this event again? <input type="checkbox"/> Yes <input type="checkbox"/> No