Church Program/Group/Event Update Form

Please submit this form annually by September 1 Michele Reese; mreese@uuannapolis.org

Yes, I have reviewed this year's "Church Programs, Groups, Events, and Sponsorship Information" and "Communications Policies", and I agree to abide by the policies and procedures set forth to ensure the efficient running of the UUCA. (Check if agree)

| Name of Group/Program/Event | |
|-----------------------------|--|
| | |

| Check one: | (See definitions | on <i>Church</i> | Programs, Gro | oups, Events, | & Sponsorship | Information) |
|------------|------------------|------------------|---------------|-----------------|--------------------|--------------|
| Pro Pro | ogram | Event | Sponso | orship of an ou | tside event or pro | ogram |

Give a brief description of your group/program/event and/or its' activities (for use in church publications, calendar, etc.). You can view the current description (if there is one) by logging on to uuannapolis.org and clicking the calendar link in the upper corner – then click on a meeting or event related to your group:

The Board of Trustees has stated: *The Unitarian Universalist Church of Annapolis exists to create the Beloved Community by inspiring and empowering all souls to live bold and compassionate lives.* What role does this group/program/event serve in furthering this vision for our congregation?

List the designated active church members (must be in UUCA membership book) who will be responsible for the group/program/event and who will be on site for meetings/events (for church groups/programs, at least three active church members must be directly involved). List more if applicable.

These members will be primarily responsible for communicating with staff liaisons, communicating information to our publications for church-wide dissemination, unlocking and

locking doors to the church and making sure things are cleaned up and put away properly, lights are off, etc.

| Name | Phone | Email | Member? |
|---|--|--|--|
| Primary Contact 1: | | | |
| Primary Contact 2: | | | |
| Primary Contact 3: | | | |
| Others: | | | |
| List meeting days/times the preferred location. <i>(For ex</i> meetings, etc. will be reserved on an as-needed basis, inc advance when scheduling) time. | <i>ample: 2nd & 4th Wednesd</i> rved for 12 month period dicate that (and be sure t . If this is a one-time spe | <i>days, 7–9 PM, Emerso</i> Is (Sept 1 – Sept 1). I o contact the office a ecial event, just indica | <i>on Room).</i> Events, f you prefer to schedule t least one week in ate the single date and |
| Will your group meet in th | e summertime? If not, wh | | |
| List two goals of your grou | | | |
| 2 | | | |
| Does your group/program | | _ | |
| YES, we receive funding | g from the Budget | NO, we do not | |

If YES, please add an addendum to this form, including an updated budget request for the coming Calendar Year with details regarding how such funds will support your program and support the global ends of UUCA.