BEREAN BAPTIST CHURCH

Guest/ Speaker/ Missionary Support Plan

Who is the BBC ministry point of contact for this guest: _____

Date a letter of introduction with cell phone, email etc. was sent to the guest: _____

Guest Information

Name _____ Spouse _____ Attending Yes or No

Purpose of the visit: _____

Dates & Times Speaking/Visiting_____

Children (age) in Attendance: _____

How is the guest getting to BBC: _____Total Travel Expense $ _____

When will the guest arrive (date and time): _____ _____ Depart: _____ _____

Does he have a display: Yes or No Does he have family/friends in the area he will be lodging with: Yes or No

Is the speaker using DVDs, PowerPoint or other Media (please explain)_____

Does the guest have any special dietary restrictions: _____

Is there something the guest would like to do/see during their time with us: _____

Is the guest singing or playing an instrument: _____

Support Plan

Who is greeting/meeting the guest: _____ Where: _____ When: _____

Where is the guest staying: _____ Confirmation #_____

Who confirmed this reservation: _____ Total Cost: $_____

Meal Plan: _____

_____

Guest Transportation Plan: _____

_____

Who will assist this guest with audio/visual assistance: _____

Total Remuneration $_____ Approved by: _____ Date: _____

Date the check needs to be cut: _____ Who will get the check to the guest: _____

Is there a need for a care package for this guest: Y or N Who will do it: _____

Who is sending the guest off: _____When: _____

Note: NLT 10 business days prior to arrival the ministry POC for the guest must provide a copy of the support plan to the senior and executive pastors and every staff member assisting in the support of the guest.