



Family Vision Ministries, Inc.

PO Box 5843

Edmond, OK 73083

Phone (405) 842-8224

www.family-id.com

Family ID Host

Application & Agreement



Thank you for your interest in the Family ID Workshop. We look forward to meeting and working with your church/group. To secure a date on our calendar for an initial seminar, Family Vision requires this agreement to be signed and sent to the Family Vision Ministries address listed at the top left corner of this agreement.

PRE-REQUISITE WORKSHOP ATTENDANCE

Our experience has shown us that to have the kind of successful workshop that we're sure you want, requires the commitment and involvement of your key leadership people. Consequently, if at all possible, a pre-requisite for bringing the workshop to your church is that a minimum of one couple in a key leadership position attends one of our workshops in advance of your own. Their attendance to that workshop will be free and we will also set time aside with them for one on one planning for your workshop.

The following is a list of requirements that our experience has shown will ensure a successful workshop:

1. PRAYER

Establish a prayer team of a few people that will pray daily for the Family ID event and the families involved.

Will comply with requests? Yes___ No___

If no, please specify_____

2. PROMOTION

Begin promoting, at the latest, 6 weeks out to give people time to arrange their schedules for a Friday night, all day Saturday format. (Remember, they often have to get babysitting arranged.) Consider helping families find babysitting for those who need it. This can be a great ministry opportunity for the teens in your church.

Have registration sheets available and promote on-line registration at www.family-id.com. Print out adequate copies of the “Pre-package” and promote for these to be picked up by anyone even considering attending. (Do this approximately 4 weeks out.)

Show the provided promotional videos as an “announcement” at each service.

Allow a short testimonial before the congregation from a couple who has previously attended the workshop.

Have key leadership staff commit to recruiting 5 couples each .

Heavily encourage Sunday school classes, home cell groups, etc. to attend the workshop as a group project. These groups become naturally accountable to one another.

Consider a sermon series on marriage/family that would culminate with the Family ID Workshop on the last weekend of the series.

Consider conducting the Family ID Workshop within the framework of a couples overnight retreat.

Will comply with requests? Yes___ No___

If no, please specify_____

3. FACILITIES

Table and chairs seating is preferred.

Additional meeting space for couples during “break out” sessions.

A podium, small table or cart adequate to place a laptop computer on at the front of the presentation area. If the table is big enough it can serve as a podium. The connections from the video projector must be arranged so that we can connect to the laptop which will be at the podium position.

Extra 6’ table for displaying workshop materials.

Will comply with request? Yes___ No ___

If no, please specify_____

4. EQUIPMENT

Two wireless lapel microphones and one wireless hand held microphone for participant's questions. Appropriate video presentation equipment to project a PowerPoint presentation and to play and project a VHS video tape and/or DVD.

Will comply with request? Yes___ No ___

If no, please specify_____

5. HOSPITALITY

Drink refreshments available Friday night. Continental breakfast Saturday morning. Light snacks and drink refreshments available throughout Saturday. Provide lunch on site. (Something simple like deli box, pizza, etc.)

Will comply with request? Yes___ No ___

If no, please specify_____

We have discovered that childcare can be one of the biggest barriers to attendance for many couples. We recommend two alternatives:

- 1) During promotion of the workshop, let couples know that childcare will be provided based on availability. Ask a key couple to organize a team of volunteers from those who can't attend the workshop themselves that are willing to care for someone else's children during the workshop.
- 2) Provide child care on sight during the workshop.

6. REGISTRATIONS

A minimum of twenty-five couples is required.

Registrations must be completed a minimum of one week prior to the workshop date.

Online registration is the preferred method of registration at www.family-id.com.

E-mail current list of registrants beginning three weeks prior to workshop date each Friday to mark@family-id.com. (Spreadsheet provided.)

Host staff will sign up registrants, provide name tags and placard cards and distribute workshop workbooks at the opening session.

Will comply with request? Yes___ No ___

If no, please specify_____

SENIOR PASTOR

We invite the Senior Pastor and spouse to attend the seminar free of charge.

Will the Senior Pastor participate Yes_____ No_____

COST SUMMARY

Our cost structure is based on the premise that we desire to remove price as a barrier for any family. To accomplish this we charge no fee. We will provide each family that attends, the opportunity to financially invest in another family by inviting them to sponsor a family for a future workshop.

Family Vision will provide a workshop manual for each family unit.

The Host organization is responsible to provide the facility, reimburse actual expenses for instructors travel and lodging if applicable, and provide food items (i.e. lunch, drinks, etc.) for the participants.

If the internal costs of hosting the event are such that you feel you need to charge the participants or if you do not want the participants to be asked to sponsor another family then our fee , in addition to the reimbursement of actual expenses, is \$2,000.00 and you may charge for the workshop at your own discretion.

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Name of Host Church _____ Date _____

Church Address _____

City _____ State _____ Zip Code _____

Church Phone () _____

Contact Person (if not pastor) _____

Contact Person Phone () _____ E-mail _____

Please specify three possible dates for your first seminar:

First choice _____ Second choice _____ Third choice _____

Family Vision Ministries, Inc. will respond to this application and agreement to establish on which of the above dates the workshop will be conducted and will schedule the workshop, post it on our website and send you promotional materials.

I HAVE READ AND UNDERSTAND THE ABOVE FAMILY ID WORKSHOP AGREEMENT.

Senior Pastor Name (please print)

Title (e.g. Rev., Pastor)

Senior Pastor Signature

Date

Pastor Phone

Pastor E-mail