

Texas South Central Church of God in Christ

**Worship Planning Format Form**

Type of Program \_\_\_\_\_

**Date** \_\_\_\_\_

Time of Service \_\_\_\_\_

Speaker/Guest \_\_\_\_\_

Order of Service (Please attach additional information if needed)

\_\_\_\_\_

Feedback:

\_\_\_\_\_

Completed by: \_\_\_\_\_

**Approved** \_\_\_\_\_

\_\_\_\_\_

**Disapproved**

\_\_\_\_\_  
Authorizing Official

\_\_\_\_\_  
Date