



# EVENT PLANNING WORKSHEET

## PRIMARY EVENT INFORMATION:

Chairperson \_\_\_\_\_ Contact Information \_\_\_\_\_  
 Activity \_\_\_\_\_ Event Date \_\_\_\_\_  
 Event Location \_\_\_\_\_ Event Start Time \_\_\_\_\_ Event End Time \_\_\_\_\_

## COMMITTEE MEMBERS:

Name	Contact Info
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## CHECK WHEN COMPLETED:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> OK with insurance<br><input type="checkbox"/> OK with unit board<br><input type="checkbox"/> OK with school calendar<br><input type="checkbox"/> OK with PTA budget<br><input type="checkbox"/> Funds allocated by unit<br><input type="checkbox"/> Hospitality arranged<br><input type="checkbox"/> Volunteers confirmed | <input type="checkbox"/> Handouts collected from non-participating service providers<br><input type="checkbox"/> Parental permission slip if needed:<br><input type="checkbox"/> Duplicated<br><input type="checkbox"/> Distributed<br><input type="checkbox"/> Parking logistics if needed:<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Crossing guards | <input type="checkbox"/> Special requirements:<br><input type="checkbox"/> Flag<br><input type="checkbox"/> Judges<br><input type="checkbox"/> Custodian<br><input type="checkbox"/> Other<br><input type="checkbox"/> Evaluation Form(s):<br><input type="checkbox"/> Duplicated<br><input type="checkbox"/> Distributed |
|--|--|---|

## PROGRAM EXPENSES:

Facility Use Permit: \$ _____	Custodian: \$ _____	Refreshments: \$ _____
Flyers: \$ _____	Handouts: \$ _____	Signs: \$ _____
Postage: \$ _____	Nametags: \$ _____	Other _____: \$ _____

## PUBLICITY:

- |  |   |
|--|---|
| <input type="checkbox"/> Flyers Date: _____ Date: _____    | <input type="checkbox"/> Newsletter Articles Deadline: _____      |
| <input type="checkbox"/> Marquee Request Date: _____       | <input type="checkbox"/> Website Posted Date: _____               |
| <input type="checkbox"/> Signs/Banners Request Date: _____ | <input type="checkbox"/> Press Release(s) Date: _____ Date: _____ |

## EQUIPMENT & AUDIOVISUAL REQUIREMENTS

Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_  
 Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_  
 Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

## SPECIAL CONTACTS (Judges, Speakers, Service Providers)

Name	Contact Info
1. _____	_____
2. _____	_____
3. _____	_____

## Signatures - IMPORTANT!

Unit President or Programs V.P.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Date: \_\_\_\_\_