

Event Planning Worksheet

What (Describe the event): _____

Where and When (Dates/Times): _____

Who will this benefit? _____

How many people are needed? Youth _____ Adults _____ Other groups? Y / N *

Equipment needs (What, provided by whom): _____

Consumables (gloves, trash bags, etc.): _____

Leadership / Supervision (Youth, Adults, Agency personnel - Phone Numbers): _____

Transportation provided by: _____

Meals / Snacks Required? Y / N **Provided by:** _____

First Aid / CPR Trained Person is/are: _____

Youth Permissions Slips – Distributed on: _____ **Return to:** _____

National / Local Travel Permit Needed? Y / N **Filed with Council on:** _____

Comments / Notes: _____

Contact Person: _____ **Phone(s):** _____