



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