

EVENT PLANNING WORKSHEET

PRIMARY EVENT INFORM	MATION		
Chairperson			Contact Information
Activity			Date
Location			Time
APPOINTED COMMITTEE	MEMBERS		
Na	me	Contact Info	rmation
1			
2			
3			
4			
5			
6			
7			
		!	
ECK WHEN COMPLETED			
OK with insurance	with insurance		☐ Program approved by unit
Received staff input	☐ OK with school ca	alendar	☐ Funds allocated by unit
Hospitality arranged	☐ Volunteers confirmed		☐ Handouts collected from
Parental permission slip	☐ Parking logistics		non-participating service provider
☐ Developed	☐ Signage ☐ Crossing guards ☐ Special requirements		☐ Publicity materials
☐ Duplicated			Developed
☐ Distributed			Duplicated
Evaluation form(s)			☐ Letters/fliers to parents & staff
	☐ Flag		☐ PTA newsletter distributed
☐ Developed☐ Duplicated☐	□ Judges □ Custodian		☐ Press releases and/or Public Service Announcements (PSAs to media

PROGRAM EXPENSES					
Facility use permit	\$	Custodian	\$	Refreshments	\$
Fliers	\$	Handouts	\$	Signs	\$
Postage	\$	Nametags	\$		\$

PUBLICITY					
Fliers	Due date	Newsletter articles	Due date	Media releases	Due date

EQUIPMENT & AUDIOVISUAL REQUIREMENTS					
Item	Quantity	Location	Item	Quantity	Location

SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)				
Name Contact Information				
1				
2				
3				
4				

NOTES			
	 	 	