

## EVENT PLANNING WORKSHEET

PRIMARY EVENT INFORMATION	
Chairperson	Contact Information
Activity	Date
Location	Time

APPOINTED COMMITTEE MEMBERS	
Name	Contact Information
1	
2	
3	
4	
5	
6	
7	

### CHECK WHEN COMPLETED

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> OK with insurance<br><input type="checkbox"/> Received staff input<br><input type="checkbox"/> Hospitality arranged<br><input type="checkbox"/> Parental permission slip <ul style="list-style-type: none"> <li><input type="checkbox"/> Developed</li> <li><input type="checkbox"/> Duplicated</li> <li><input type="checkbox"/> Distributed</li> </ul> <input type="checkbox"/> Evaluation form(s) <ul style="list-style-type: none"> <li><input type="checkbox"/> Developed</li> <li><input type="checkbox"/> Duplicated</li> </ul> | <input type="checkbox"/> OK with PTA budget<br><input type="checkbox"/> OK with school calendar<br><input type="checkbox"/> Volunteers confirmed<br><input type="checkbox"/> Parking logistics <ul style="list-style-type: none"> <li><input type="checkbox"/> Signage</li> <li><input type="checkbox"/> Crossing guards</li> </ul> <input type="checkbox"/> Special requirements <ul style="list-style-type: none"> <li><input type="checkbox"/> Flag</li> <li><input type="checkbox"/> Judges</li> <li><input type="checkbox"/> Custodian</li> </ul> | <input type="checkbox"/> Program approved by unit<br><input type="checkbox"/> Funds allocated by unit<br><input type="checkbox"/> Handouts collected from non-participating service providers<br><input type="checkbox"/> Publicity materials <ul style="list-style-type: none"> <li><input type="checkbox"/> Developed</li> <li><input type="checkbox"/> Duplicated</li> <li><input type="checkbox"/> Letters/fliers to parents &amp; staff</li> <li><input type="checkbox"/> PTA newsletter distributed</li> <li><input type="checkbox"/> Press releases and/or Public Service Announcements (PSAs) to media</li> </ul> |
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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**

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