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EVENT PLANNING WORKSHEET

Your PTA's goal is to well thought out, inclusive and successful event. Use this form along with the TCPTA Diversity, Equity & Inclusion Toolkit to help lan your events with that goal in mind. Let's get started!

Attach separate sheet(s) if more space is required for any section

EVENT / FUNDRAISER / PROGRAM TITLE:	
Chairperson(s):	
Email & Cell:	
Location:	Date and time:
Description/Notes:	

*As a first step, it is recommended to meet with your principal and learn about your school's demographics.

Make sure you review the Torrance Council training materials regarding event planning. Your council mentor is also a great resource for any help you may need. Visit and bookmark: www.TorranceCouncilofPTAs.org.

CHECKLIST: Check when completed (if applicable)

Unit & School Approvals

- OK with PTA budget
- OK with calendar
 - School and PTA
 - Religious/Cultural Holidays
- OK with AIM insurance
- Parental permission slips
- Raffle registered w/DOJ
- Facility Use Permit secured
- Principal and school staff (as directed by principal) consulted
- Staff input received

Logistics & Support

- Podium, microphone, A/V ordered
- Volunteers confirmed
- Hospitality arranged – Dietary needs considered
- Parking logistics
- Signage
- Accommodations for students
 - Noise Sensitivities
 - Mobility Concerns
 - Accessibility Needs
 - Closed Captioning

Logistics & Support Cont.

- Translation needed
- Interpretation needed
 - Headsets
 - Interpreter secured
 - American Sign Language interpreter secured

Publicity Considerations

- Invitations
- Email notification sent
- Social media approved and posted
- Press release via TUSD
- Evaluation form(s)

APPROVALS REQUIRED: Check and date when completed:

Date program approved by Executive Board: _____

Date program approved by Association: _____

Date event plan approved by Executive board: _____ (event plan must be approved before monies are spent)

Date funds released by association: _____

Date contract approved by association (write N/A if not applicable): _____

EVENT INCOME AND EXPENSES

Budgeted income: \$ _____

Budgeted expense: \$ _____

Is this a self-funding event? Yes No

List income and expense categories and estimates. Include things such as facility use permit, flyers, handouts, copy fees, nametags, refreshments, signs, presenter, publicity, audio/visual, etc.

Income		Expenses	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total estimated income:	\$	Total estimated expenses:	\$

COMMITTEE MEMBERS

Committee members are appointed by the president and ratified by the executive board

1.	5.
2.	6.
3.	7.
4.	8.

SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)

Name	Contact Information

CATERING

Name of Company:	Contact Information:
Cost per person:	Tip Amount:
Tax Amount:	Delivery Charge:
Menu Options:	