

**EVENT PLANNING WORKSHEET**

Our goal as PTA volunteers is to offer a well thought out, inclusive and successful event. Use this form along with the Torrance Council of PTAs Diversity, Equity & Inclusion Toolkit to help you plan your events with that goal in mind. Let’s get started!

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

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

**STEP 1:** **Ask PTA president if they have filled out the Accessibility & Inclusion Worksheet, found at** [**www.TorranceCouncilofPTAs.org/inclusion**](http://www.TorranceCouncilofPTAs.org/inclusion)**. The worksheet captures all school demographics including languages spoken and other needs. Use the worksheet to help plan events that support everyone in your school population.**

**CHECKLIST: Check when completed (if applicable)**

**Unit & School Approval** **Logistics & Support Logistics & Support Cont.**

* OK with PTA budget
* OK with calendar
* School/PTA
* Religious/Cultural Holidays
* OK with insurance
	+ Red light, green light consulted
	+ Permission Slips
* Raffle Registered with California
* Staff input received
* Facility Use Permit secured

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Podium/Microphone
* Flag
* Volunteers confirmed
* Hospitality
* Parking logistics
* Signage
* Special Accommodations for students
* Noise Sensitivities
* Mobility Concerns
* Accessibility Needs
* Closed Captioning
* Translation Needs
* Interpretation Needs
	+ Headsets ❑ Interpreter secured
	+ American Sign Language

**Publicity Considerations**

* Invitations
* Email notification sent
* Social media
* Press release via TUSD
* Evaluation for

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| **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:  | $  |

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| **COMMITTEE MEMBERS***Committee members are appointed by the president and ratified by the executive board* |
| 1.  | 5.  |
| 2.  | 6.  |
| 3.  | 7.  |
| 4.  | 8.  |

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| **SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)** |
| **Name**  | **Contact Information** |
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| **CATERING** |
| Name of Company: |  Contact Information: |
| Cost per person: |  Tip Amount: |
| Tax Amount: |  Delivery Charge:  |
|  Menu Options: |