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**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

|  |  |
| --- | --- |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | |