

**EVENT PLANNING WORKSHEET**

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

\* Item must be approved by the executive board.

\*\* Item must be approved by the association.

<b>EVENT / FUNDRAISER / PROGRAM TITLE:</b> Honorary Service Awards (HSA)	
Chairperson(s): PTA Patty	
Email & Cell: ptapattyhsa@gmail.com (310) 555-5555	
Location: Torrance School Name	Date and time: February 15, 2024, 6:00pm
Description:	
HSA recipients will be chosen and awards will be presented at the February association meeting. Recipients will be invited to attend the TCPTA event.	

EVENT INCOME AND EXPENSES			
<b>Budgeted income:</b> \$ 600 _____			
<b>Budgeted expense:</b> \$ 600 _____		<b>Is this a self-funding event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
HSA TCPTA Dinner expense	\$ 390	6 dinners @ \$65 (2 honorees + guests, principal, president)	\$ 390
HSA Certificates/Pins	\$ 100	Certificates/pins for 2 HSA awards @ \$40 each	\$ 80
HSA Ceremony expense	\$ 110	HSA ceremony decorations	\$ 50
	\$	Hospitality	\$ 50
	\$	Programs/Invitations	\$ 20
	\$		\$
	\$		\$
<b>Total estimated income:</b>	<b>\$ 600</b>	<b>Total estimated expenses:</b>	<b>\$ 590</b>

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

## COMMITTEE MEMBERS

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

1. Volunteer Victor	6.
2. Helpful Herman	7.
3. Super Sally	8.
4.	9.
5.	10.

## SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)

Name	Contact Information

### CHECK WHEN COMPLETED (if applicable)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Program approved by PTA<br><input checked="" type="checkbox"/> OK with PTA budget<br><input checked="" type="checkbox"/> OK with PTA/TUSD calendar<br><input checked="" type="checkbox"/> OK with insurance<br><input type="checkbox"/> Vendors need hold harmless and liability insurance<br><input checked="" type="checkbox"/> Received staff input<br><input type="checkbox"/> Facility Use Permit<br><input type="checkbox"/> Special requirements<br><input checked="" type="checkbox"/> Podium/Microphone<br><input checked="" type="checkbox"/> Flag<br><input type="checkbox"/> Custodian | <input type="checkbox"/> Volunteers confirmed<br><input type="checkbox"/> Judges confirmed<br><input type="checkbox"/> Hospitality arranged<br><input type="checkbox"/> Parking logistics<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Publicity/Invitation materials<br><input type="checkbox"/> Developed<br><input type="checkbox"/> Copied<br><input type="checkbox"/> Email notification sent<br><input type="checkbox"/> Posted on social media<br><input type="checkbox"/> Press release via TUSD | <input type="checkbox"/> Parental permission slip<br><input type="checkbox"/> Developed<br><input type="checkbox"/> Copied<br><input type="checkbox"/> Distributed<br><input type="checkbox"/> Evaluation form(s)<br><input type="checkbox"/> Developed<br><input type="checkbox"/> Copied<br><input type="checkbox"/> Other (list)<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|--|---|---|

### CHECK AND DATE WHEN COMPLETED

- Date funds allocated by PTA: \_\_\_\_\_
- Date event plan approved by executive board: \_\_\_\_\_
- Date contract approved by association (write N/A if not applicable) : \_\_\_\_\_

### NOTES (include items to be finalized):