

**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>	
Chairperson(s):	
Email & Cell:	
Location:	Date and time:
Description:	

**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
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
<b>Total estimated income:</b>	<b>Total estimated expenses:</b>
\$	\$

**CATERING**

Name of Company:	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.	6.
2.	7.
3.	8.
4.	9.
5.	10.

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

Name	Contact Information

### CHECK WHEN COMPLETED (if applicable)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Program approved by council<br><input type="checkbox"/> OK with PTA budget<br><input type="checkbox"/> OK with council/TUSD calendar<br><input type="checkbox"/> OK with insurance<br><input type="checkbox"/> Vendors need hold harmless and liability insurance<br><input type="checkbox"/> Received staff input<br><input type="checkbox"/> Facility Use Permit<br><input type="checkbox"/> Special requirements<br><input type="checkbox"/> Podium/Microphone<br><input 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"/> _____ |
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### CHECK AND DATE WHEN COMPLETED

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

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

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