

PTA Name: _____

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.

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

EVENT INCOME AND EXPENSES			
Budgeted income: \$ _____		Is this a self-funding event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Budgeted expense: \$ _____			
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:	\$

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

Copy to President, Treasurer, and Chair

Chair: Keep with copy of signed contract, flyers, announcements, etc.

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)

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

CHECK AND DATE WHEN COMPLETED

- Date funds allocated by association: _____
- 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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Chair: Keep with copy of signed contract, flyers, announcements, etc.