

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: \$ _____

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:	\$

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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Program approved by council
<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 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):

EVENT PLANNING WORKSHEET

PRIMARY EVENT INFORMATION	
Chairperson	Contact Information
Activity	Date
Location	Time

APPOINTED COMMITTEE MEMBERS	
Name	Contact Information
1	
2	
3	
4	
5	
6	
7	

CHECK WHEN COMPLETED

- | | | |
|---|--|---|
| <input type="checkbox"/> OK with insurance
<input type="checkbox"/> Received staff input
<input type="checkbox"/> Hospitality arranged
<input type="checkbox"/> Parental permission slip <ul style="list-style-type: none"> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Distributed <input type="checkbox"/> Evaluation form(s) <ul style="list-style-type: none"> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated | <input type="checkbox"/> OK with PTA budget
<input type="checkbox"/> OK with school calendar
<input type="checkbox"/> Volunteers confirmed
<input type="checkbox"/> Parking logistics <ul style="list-style-type: none"> <input type="checkbox"/> Signage <input type="checkbox"/> Crossing guards <input type="checkbox"/> Special requirements <ul style="list-style-type: none"> <input type="checkbox"/> Flag <input type="checkbox"/> Judges <input type="checkbox"/> Custodian | <input type="checkbox"/> Program approved by unit
<input type="checkbox"/> Funds allocated by unit
<input type="checkbox"/> Handouts collected from non-participating service providers
<input type="checkbox"/> Publicity materials <ul style="list-style-type: none"> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Letters/fliers to parents & staff <input type="checkbox"/> PTA newsletter distributed <input type="checkbox"/> Press releases and/or Public Service Announcements (PSAs) to media |
|---|--|---|

PROGRAM EXPENSES					
Facility use permit	\$	Custodian	\$	Refreshments	\$
Fliers	\$	Handouts	\$	Signs	\$
Postage	\$	Nametags	\$		\$

PUBLICITY					
Fliers	Due date	Newsletter articles	Due date	Media releases	Due date

EQUIPMENT & AUDIOVISUAL REQUIREMENTS					
Item	Quantity	Location	Item	Quantity	Location

SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)	
Name	Contact Information
1	
2	
3	
4	

NOTES



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COMMITTEE REPORT

Please write a committee report for all PTA activities. Attach any detailed information as requested or needed. Report to be filed with president, secretary, treasurer, historian, auditor, committee chairman and others if requested.

Activity Details

Name of activity _____ Date held _____ Time _____
Location _____ Approved by PTA membership on: (date) _____
Presented in cooperation with (list group, agency or organization) _____

Goals

Committee Details

Chairman _____ Secretary _____
Members (including students) _____

Consultants _____

Meetings

Date(s) meetings were held: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Financial Details

Proposed budgeted income \$ _____ Actual income \$ _____
Proposed budgeted expense \$ _____ Actual expense \$ _____
Net income \$ _____

Volunteer Details

Number of volunteers needed to conduct activity adequately: _____ Total volunteer hours: _____

Recommendations

Do again Do NOT do again Do again, but modify (explain in #11 below)

Report Details. Attach any detailed information as requested.

1. Was insurance company contacted prior to planning? Yes No
Was extra coverage required? Yes No
Cost? _____
2. Was the *Insurance and Loss Prevention Guide* reviewed prior to event? Yes No
3. Was a written contract required? Yes No
Association approval? Yes No Signed by president and one elected officer? Yes No
4. Was the timing of the activity appropriate? Yes No
If not, suggest more appropriate date(s): _____
5. Attach a detailed timeline to report.
6. Were there any special requirements? Yes No
Explain: _____
7. How was activity publicized? _____
Attach any articles or fliers _____
8. Specify equipment needs: _____
9. Special contacts/contact information (Speakers, judges, service providers): _____
10. Attach a detailed financial report. Attach copies of all inventory reports and cash verification forms for auditor.
11. Additional comments: _____

NOTE

The California State PTA strongly suggests that any fundraiser be audited immediately if a large amount of monies was raised.

Prepared by _____ Date _____

Report due 30 days after completion of activity.