

EVENT PLANNING GUIDE WORKSHEET

Program/Event Name: _____

Committee: _____ Event Lead: _____

Date of Event: _____ Time of Event (start/finish): _____

Location: _____ Room needed from _____ to _____

	Person Responsible	Date to Be Done	Date Completed	Initial When Completed
Event Program goals Program outcomes Content Activities		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Setting a date/time Check for conflicts				
Facilities Reserved Confirmed		_____ _____	_____ _____	_____ _____
Funding Budget Sponsorship forms		_____ _____	_____ _____	_____ _____
Technical Needs Sound Lighting arranged Staging Tables/chairs Supplies Special Equipment _____		_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Catering Catering and dining Submit catering exemption form (if necessary)		_____ _____	_____ _____	_____ _____
Promotion Posters approved and posted Social Media Flyering Classroom presentations		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Follow Up Evaluations Event Summary Report		_____ _____	_____ _____	_____ _____