

Service Unit Program Event Planning Sheet

Event Logistics

Program Staff Event Coordinator: _____
 Event Coordinator: _____
 Event Title: _____ Event Date and Time: _____
 Event Location: _____ Grade Level of Participants: _____
 Registration Deadline: _____

Minimum Number of Girls to Hold Event: _____
 Maximum Number of Girls for Event: _____
 Anticipated Number of Girls for Event: _____

Event Description: (Note: This description will be used to market the event in the Program Calendar)

Event Budget

| Description of Event Costs | Targeted Event Cost |
|--|---------------------|
| Food: | |
| Program Supplies: | |
| Postage and Shipping: | |
| Program Facilities Rental: | |
| Equipment Rental: | |
| Printing Costs: | |
| Decorations: | |
| Awards or Certificates: | |
| Additional Insurance: | |
| Other: | |
| Other: | |
| | |
| Total Costs: | |
| In kind Donations/Grants/Sponsorships: | |

Is additional insurance required? ____Yes ____No
 Has additional insurance been purchased? ____Yes ____No

Event Participation Fee? _____ Targeted Income from Event: _____

Completed Event Planning Checklists? _____
 Equipment request/needed checklist? _____
 Instructions for volunteer coordinators/helpers? _____