PIONEER PTA
EVENT PLANNING FORM

EVENT NAME

CHAIRPERSON NAME

CONTACT/MESSAGE PH. ___-____ EMAIL ADDRESS (required)

CHAIRPERSON NAME

CONTACT/MESSAGE PH. ___-____ EMAIL ADDRESS (required)

EVENT DATES AND LOCATIONS

Received Facility/Location approval?

START: __/__/____ END: __/__/____ LOCATION:

If this is an ongoing event or one with multiple dates/locations enter that information here: _____

VOLUNTEER PLANNING

Contacted Volunteer Coordinators?

BEFORE THE EVENT: No. of Volunteers: No. of Hours: .

DURING THE EVENT: No. of Volunteers: No. of Hours: .

AFTER THE EVENT: No. of Volunteers: No. of Hours: .

BUDGET

ESTIMATED EXPENSE: $.

INCLUDE ELECTRONIC ATTACHMENTS OF THE FOLLOWING INFORMATION:

- Detailed description of the event timeline
- Detailed description of requirements including school resources, e.g. equipment (audio/visual), furniture (chairs/tables), office supplies (paper, tape, staplers, etc.), decorations, food, etc.
- Communication plan/schedule regarding who will receive information and when
- Volunteer schedule information including before, during and after event
- ALL CORRESPONDENCE MUST BE APPROVED BY MEMBERS OF THE EXECUTIVE BOARD PRIOR TO DISTRIBUTION