

Event Planning Checklist



EVENT DETAILS

<input type="checkbox"/> Event Name:			
<input type="checkbox"/> Event Purpose:			
<input type="checkbox"/> Event Date:		<input type="checkbox"/> Staff Member in Charge:	
<input type="checkbox"/> Event Time:		<input type="checkbox"/> Photographer:	
<input type="checkbox"/> Event Location:		<input type="checkbox"/> Videographer:	
<input type="checkbox"/> Setup Time:		<input type="checkbox"/> Police Officer (if needed):	
<input type="checkbox"/> Teardown Time:		<input type="checkbox"/> Catering:	
<input type="checkbox"/> Budget:		<input type="checkbox"/> Liability Insurance:	
<input type="checkbox"/> # of People Expected:		<input type="checkbox"/> Handouts:	
<input type="checkbox"/> Equipment:		<input type="checkbox"/> Others Involved:	

CONTACT INFORMATION

<input type="checkbox"/> Name:	
<input type="checkbox"/> Title:	
<input type="checkbox"/> Phone:	
<input type="checkbox"/> Email:	
<input type="checkbox"/> Other Parties:	

GRAPHICS & PRINTING

<input type="checkbox"/> Logo	<input type="checkbox"/> Invite Cards
<input type="checkbox"/> Postcards	<input type="checkbox"/> Flyers/Posters
<input type="checkbox"/> Other	

VOLUNTEERS

<input type="checkbox"/> How many volunteers are needed?	
<input type="checkbox"/> How do volunteers sign up?	
<input type="checkbox"/> When will sign-up begin?	
<input type="checkbox"/> Which staff members need to be present, and during what timeframe?	

OTHER

<input type="checkbox"/> Permission for venue/facility
<input type="checkbox"/> Contact signed (if applicable)