

EVENT PLANNING CHECK LIST

	Purpose		
	Activity		
	Committee	(see attached Committee sheet)	
	Event Name		
	Age Level (s)		
	Check Safety-Wise	Can't find it in "Safety Wise" call your council.	
	How many ?		
	Date		
	Time		
	Place	Name:	
		Address:	
		Contact Person:	
		Phone:	
		How many people can it hold?	
		adequate toilet facilities	
		handicap accessible	
		2 clearly marked exits	
		First Aid kits	
		telephone	
		fire extinguishers	
		trash .	
	Cost		
	Registration/Deadlines	Registrar:	
		Deadline:	
	Food	Chairperson:	
		Menu:	
	Needs/Supplies	Chairperson: (see attached Activity Sheet)	
	Cost	Total Cost: (see attached Cost Sheet)	
	Funding	Registration Fee:	
		Service Unit:	
	Permission Forms		

	Insurance Coverage This needs to be done, at the very least, 30 days before the event	Responsible Person:
	# of 1 st Aiders	Names:
	Advertise	Chairperson: Flyer at Meeting: Newsletter: Website: Other:
	Sign In	Have a sign in sheet for everyone to sign.
	Program Report	This report needs to be complete after the event and turned into the Council

ACTIVITY: _____

LEADER:

Name:

Address:

Phone:

Certification if needed:

Length of session/times

of Participants per session

Place

Equipment:

Item:

Cost:

Supplies:

Items:

Cost:

Total Costs:

COSTS

PLACE			
PATCH/BADGE			
FOOD			
CONSULTANTS FEES			
ADVERTISING			
INSURANCE COVERAGE			
SUPPLIES:	Activity	Costs	
TOTAL SUPPLY COSTS:			
EQUIPMENT	Activity	Costs	
TOTAL EQUIPMENT COSTS:			
TOTAL COSTS:			