

Events Planning Worksheet

Organization/Individual Name: _____

Today's Date: _____

Name of Event: _____

Type of Event: (Check all that apply)

- ☐ Lecture
- ☐ Performance
- ☐ Social Event
- ☐ Band/DJ/Speaker
- ☐ Inflatables/Carnival
- ☐ Outdoor Event
- ☐ Physical Activity/5K
- ☐ Fundraiser
- ☐ Other _____

Starting Day & Date of Event: _____ **Start Time:** _____

Ending Day & Date of Event: _____ **End Time:** _____

Detailed Description of Event:

How will your program benefit the students?

1. _____
2. _____
3. _____

Open to: (Check all that apply)

- ☐ FTC Students/Faculty/Staff ☐ General Public

Estimated Attendance: _____

Charging Admission: ☐ Yes ☐ No Students: \$ _____ Non-students: \$ _____

Location/ Space Request:

1st Choice: _____ 2nd Choice: _____

Please describe set up for the room: _____

Food Served?

- ☐ FTC Catering (You must complete a Catering Request form located in Student Activities.)
- ☐ Outside Catering _____
- ☐ No Food Served

Selling anything? ☐ Yes ☐ No

****ALL ADVERTISEMENT MUST BE APPROVED AND STAMPED BY THE
STUDENT ACTIVITIES OFFICE PRIOR TO POSTING. ****

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Budget Request*: (Fill out those that apply)

Performers	
Guest Speaker Honorarium	
Food/ Drinks	
Decorations	
Prizes	
Printing/ Advertising	
Travel (Registration, Hotel, Transportation)	
Other:	
Other:	
Other:	
Total	\$

*You may attach an individual sheet with your budget request.

Are you contracting a service from a non-college entity? ☐ Yes* ☐ No

Party contracting with _____ Phone #: _____

*You must complete a contract located in Student Activities before a check can be administered.

Will your event need any type of audio/visual equipment? ☐ Yes* ☐ No

*If Yes, Please check all that apply and the number of each (3 week notice preferred)

Microphone	
CD- Player with Amplifier	
Sound System	
Loud Speaker	
Other:	
Other:	

Will your event be hosting a large amount of individuals or require the assistance of Public Safety for security? ☐ Yes ☐ No

Event Contacts:

Name: _____

Phone #: _____

Email: _____

Name: _____

Phone #: _____

Email: _____

For Office Use Only:

Budget approved for Event: _____

Director Signature: _____

Date Approved: _____