

CAMPUS CENTER
OPERATIONS **(CCO)**

&

CENTER FOR
STUDENT
INVOLVEMENT **(CSI)**

EVENT PLANNING BOOT CAMP PACKET

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EVENT PLANNING CHECKLIST & TIMELINE

Event Planner Name: _____ Email: _____

It is important to stay organized when planning a campus event or program. Use this checklist to help you plan as well as keep track of tasks to complete. The earlier you plan, the better your event will be!

Organization Name: _____ Co-Sponsors: _____

PROPOSED EVENT TITLE: _____

PROPOSED EVENT DATE OPTION #1: _____ Event Time: _____ AM/PM

PROPOSED EVENT DATE OPTION #2: _____ Event Time: _____ AM/PM

PROPOSED EVENT DATE OPTION #3: _____ Event Time: _____ AM/PM

PREFERRED LOCATION: _____

NUMBER OF PEOPLE ANTICIPATED: _____

FINE TUNE YOUR EVENT

What kind of event is it?

☐ Educational/Lecture ☐ Entertainment (music, comedy, etc.) ☐ Athletics/Sports

☐ Social Gathering ☐ Workshop/Training ☐ Other: _____

What is the main goal of your event?

How will it benefit NJIT students? Why will they want to come to the event?

What are some possible risks or liability issues?
(If any)

Who is your target audience?	<input type="checkbox"/> NJIT students : _____ <input type="checkbox"/> Faculty members : _____ <input type="checkbox"/> Public / Community: _____ <input type="checkbox"/> Other Universities: _____
Who are some potential partners? Can we build a co-sponsorship around this event?	Potential Collaborators: _____

GET INTO THE DETAILS	
Are you contracting with a performer for the event? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, get a copy of the contract for planning purposes only. NJIT students CANNOT sign contracts. Have a preliminary conversation about cost, travel arrangements, audio visual needs, etc. to help with your planning process.
What is the estimated budget for this event?	Use the attached budget planning checklist to see how much you need to request & how much you need to fundraise!
Does your student organization have fundraised dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much are you contributing? \$ _____	Are you asking for funds from Student Senate or GSA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Senate <input type="checkbox"/> GSA If yes, how much are you requesting? \$ _____
Are you asking for funds from Campus Center / CSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much are you requesting? \$ _____	
What is your Plan B if donations/funding does not add up to the event total?	

<p>ADVERTISING:</p> <p>We will be doing:</p> <p><input type="checkbox"/> Flyers/table tent/postcard?</p> <p><input type="checkbox"/> Social Media Advertising: Facebook, Twitter, Organization webpage, etc.</p> <p><input type="checkbox"/> Target Audience:</p> <ul style="list-style-type: none"> - <input type="checkbox"/> NJIT Students - <input type="checkbox"/> Other Colleges - <input type="checkbox"/> Faculty and Staff - <input type="checkbox"/> Public/ Community 	<p>Who is going to be in charge for Advertising?</p> <p>Name: _____</p> <p>Email: _____ @ njit.edu</p> <p>Cell Phone: (____) _____ - _____</p> <p>Position on E-Board: _____</p>
<p>EVENT LOGISTICS:</p> <p><input type="checkbox"/> Decided on the room set-up and audio visual needs for the event? (Send diagram to reservations@njit.edu)</p> <p><input type="checkbox"/> Check on the availability of the advisor or chaperone for the event</p> <p><input type="checkbox"/> Responsible for ordering food for the event from GDS Gourmet Dining Services (Email: TAiello@gourmetdiningllc.com)</p> <p><input type="checkbox"/> Fill out the required Campus Center / CSI forms for events (Attach all forms to event package)</p>	<p>Who is going to be in charge for Event Logistics?</p> <p>Name: _____</p> <p>Email: _____ @ njit.edu</p> <p>Cell Phone: (____) _____ - _____</p> <p>Position on E-Board: _____</p>
<p>COLLABORATIONS:</p> <p><input type="checkbox"/> Met with other clubs or campus departments to plan out the collaborative efforts?</p> <p><input type="checkbox"/> What resources will be needed from our co-sponsors?</p>	<p>Who is going to be in charge for Collaborations?</p> <p>Name: _____</p> <p>Email: _____ @ njit.edu</p> <p>Cell Phone: (____) _____ - _____</p> <p>Position on E-Board: _____</p>
<p>EVENT STAFF & VOLUNTEERS:</p> <p><input type="checkbox"/> Number of volunteers we need for the event set-up # _____</p> <p><input type="checkbox"/> Number of volunteers we need during the event # _____</p> <p><input type="checkbox"/> Number of volunteers we need for the event clean-up/ break down # _____</p>	<p>Who is going to be in charge for Event Staff & Volunteers?</p> <p>Name: _____</p> <p>Email: _____ @ njit.edu</p> <p>Cell Phone: (____) _____ - _____</p> <p>Position on E-Board: _____</p>
<p>TICKET SALES & TABLING:</p> <p><input type="checkbox"/> Reserved a table for selling tickets or to promote the event? (Send reservation to reservations@njit.edu)</p> <p><input type="checkbox"/> Recruited club members or volunteers from the organization to staff the table?</p>	<p>Who is going to be in charge?</p> <p>Name: _____</p> <p>Email: _____ @ njit.edu</p> <p>Cell Phone: (____) _____ - _____</p> <p>Position on E-Board: _____</p>

Event Budget Worksheet

Required for all registered events

Anticipated Revenues:			
	Applicable?	Amount	Comments
Departmental Funding: _____	Y / N		
Student Organizations co-sponsorship	Y / N		
Admission/Ticket Sales	Y / N		
Registration Fees	Y / N		
Senate Funding	Y / N		
Other (specify)	Y / N		
Total Anticipated Revenues:			

Anticipated Expenses:			
		Amount	Comments
Speakers/Entertainment	Y / N		
Honorarium/Fee	Y / N		
Travel	Y / N		
Lodging	Y / N		
Meals	Y / N		
Insurance	Y / N		Speaker/ Entertainer must have insurance before the event can be approved
Venues	Y / N		
Transportation to/from hotels & venues	Y / N		
Meals/Catering			
Food/Snacks			
Non-Alcoholic Beverages			
Facilities Management	Y / N		
Set up	Y / N		Attach Diagram
Clean up	Y / N		
Tables, Chairs	Y / N		
Staging/Sound/Lighting Equipment	Y / N		
Electrical Technician	Y / N		
Usage of Kupfrian Theater	Y / N		
Media Services-A/V Equipment	Y / N		
Wi-Fi Service	Y / N		
Public Safety Security	Y / N		
Parking	Y / N		
Printing/Copying/Postage	Y / N		
Supplies	Y / N		
Advertising	Y / N		
Other (specify)	Y / N		
Total Anticipated Expenses:			

All program proposals and dates must be submitted during the Campus Center / CSI Event Planning Boot Camp on Saturday May 2nd, 2015. All student clubs that are recognized by the Student Senate, Graduate Student Association, Inter-Fraternity and Sorority Council or the Campus Center must attend this event planning process in order for space to be approved for the Fall 2015.

If your event involves an outside speaker or entertainment, you must insure that they have the proper insurance or coverage. If the outside identity does not have insurance, they can inquire insurance for the day of the event under their company's name or responsible party. You can go to www.Theeventhelper.com or reach out for further assistance at the Campus Center / CSI office room CC 105.

Campus Center Operations and the Center for Student Involvement will be available to assist any student organization or club with completing the event planning packet. If you have any questions or would like us to assist your group with this process, please email us at csi@njit.edu.

Student Name: _____ Date: _____

Club Advisor Name: _____ Date: _____

This Event has been: **APPROVED** / **DENIED**

- Date of Event: _____ Time: _____ AM / PM
- Location: _____
- Comments: _____

Initials

Reservations: _____ Operations: _____ Director: _____

CSI Student Activities: _____ CSI Greek Life: _____

CSI Diversity & Leadership: _____

Organization Event Evaluation



Circle the number on the line for your overall event rating.



COULDN'T HAVE GONE ANY BETTER <—10—9—8—7—6—5—4—3—2—1—> WORST EVENT EVER

ANSWER THE FOLLOWING QUESTIONS AT YOUR NEXT ORGANIZATION MEETING. NO LATER THAN 1 WEEK AFTER THE EVENT. PLEASE RETURN ALL COMPLETED FORMS TO THE CAMPUS CENTER / CSI OFFICE.

Did we meet our event goals? YES NO

Did we stay within your budget? YES NO N/A

Did we have enough volunteers for the event? YES NO N/A

TOP 5 THINGS WE DID THE BEST FOR THIS EVENT.

1. _____
2. _____
3. _____
4. _____
5. _____

TOP 5 THINGS WE NEED TO IMPROVE FOR NEXT TIME.

1. _____
2. _____
3. _____
4. _____
5. _____

Would we do this event again? YES NO

How did this program allow us to grow as a group, as leaders, and as officers?

Did we present a professional program?

How did we enhance the image of our organization through this program?

Other comments:

Estimated attendance at the event: _____

Did we get our anticipated attendance?

Did the advertisement for the event work?

Do we need to change any strategies for future events?