

SPECIAL EVENT FORM

1. Name of Event: **Get Out Greenville** _____
Day of Week and Date: _____ Sat, October 4th, 2014 _____ Time: _____ 10-3 _____
Targeted Age: _____ All Ages _____
Location: _____ Conestee Park _____
2. What is the goal of the event? To teach residents about all the opportunity there is for outdoor recreation here in Greenville County. _____
3. Does event meet our Program Determinants and why?
 - a. Conceptual Foundation of recreation? There will be multiple options for reaction _____
 - b. Constituent interests and needs? _The event is designed to show off what Conestee Park has to offer.
 - c. Community opportunities? _There is no other event in Greenville like this. _____
 - d. Agency philosophy and goals? The event fits in our vision statement and goals. _____
 - e. Experiences desirable for clientele? Learning and Recreation opportunities.(activities, events, food, & education) _____
 - f. Infrastructure availability? ____ There is no capital needed for this event. _____
4. Sponsors/Partners: ____ Greenville Health System _____
5. Who will be in charge of the event? Joe Lanahan
6. What staff will work the event? Staff from all divisions will work _____
7. Number of volunteers needed for event ____ Appox 30-50 _____
8. If event is held above normal work hours, how will time be allocated for hourly staff? ____ NA ____

9. Is transportation needed for the event? ☒ Yes ☐ No

If yes, what kind? Mini Bus: _____ Big Bus ☒ Charter Bus: _____

Who will Drive? ☐ Part time staff _____

If charter bus, what is the rental company payment deadline and fee? _____

10. Does Maintenance staff need to deliver any items? If yes, what? When? Yes, delivery will happen October 3rd.

List of items-tents, tables, barricades, pools, stage, PA system, cones.

Date Work Order was submitted ☐ Early August ☐

Date Equipment entered in RecTrac ☐ March 2014 ☐

11. Projected Expenses and Revenue:

EXPENSES

REVENUE

See attached	GHS Sponsorship
	Vendor Fees
	Event Fees
TOTAL	TOTAL- Estimate \$13,000

12. Miscellaneous Comments: _____

Submitted by: _____Joe Lanahan_____

Date: _____3-18-14_____

Approved by: Manager _____Joe Lanahan_____ Date ____3-18-14____

Division Director ____Nancy Callahan_____ Date ____3-18-14_____