

# Event Plan

McElhinney MS Leadership

Dream It, Plan It, Create It

Event Name:

Date of Event:

Time of Event:

Commission:

Commissioner(s):

Team:

Purpose of the Event:

Activities:

Location(s) of Activities: (Draw a map on back)

Materials Needed:

Prizes or Rewards:

# Event Plan

Approvals and Requests: Financial Documents:

*(Keep Copy of All Documents)*

Document	Date Submitted	Vendor	Items	\$\$\$
Purchase Order(s)				
Warrant Request(s)				

Facilities Request Form Submitted: \_\_\_\_\_ (Date)

Work Schedule:

Who will be working what activity and time of shift. Attach Schedule.

Practice Run #1: \_\_\_\_\_ (Date) ASB/Ren President: \_\_\_\_\_

Practice Run #2: \_\_\_\_\_ (Date) ASB/Ren President: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Presented in Executive Meeting on \_\_\_\_\_.

Approved:

ASB/Ren President: \_\_\_\_\_ Activities Director: \_\_\_\_\_