



Event/Project Summary

Creekside Elementary School PTA
Event/Project Plan

Event/Project Name:		Report Date:		
Committee Chair:		Email:		Phone:
Committee Treasurer:		Email:		Phone:
Event/Project Start Date:	Event/Project Times:		Event/Project End Date:	
Event/Project Location:		In Cooperation With: <small>(list group or organization, if applicable)</small>		
Approved by PTA Board on:		Approved by PTA membership on:		
Committee Members:				
Meetings:				
Date(s) meetings were held:	(1)	(2)	(3)	(4) (5)
Goals:				
Financial Details:				
Proposed budgeted Income \$ _____		Actual Income \$ _____		
Proposed budgeted Expense \$ _____		Actual Expense \$ _____		
Net Income \$ _____				
Volunteer Details:				
Number of volunteers needed to conduct activity adequately:			Total volunteer hours:	
Recommendations:				
<input type="checkbox"/> Do again <input type="checkbox"/> Do NOT do again* <input type="checkbox"/> Do again, but modify*				
Report Details:				
1. Was Insurance and Loss Prevention Guide reviewed prior to planning?		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
2. Was extra coverage required? Cost?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
3. Was a written contract required?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
4. Was the timing of the event/project appropriate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
5. Were there any special requirements?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
6. How was the event/project publicized? (attach any articles or flyers)				
7. Special contacts/contact information (speakers, judges, vendors)*				
8. Specify equipment needs				
9. Attach a detailed timeline and financial report				

Prepared by: _____ **Date:** _____

**Use Committee Report form to explain or attach appropriate documentation.*