

Student Event Planning Sheet

Team Member Name: Type your name &

Name of Event: What are you calling this?

Date of Event: Sun Mon Tues Wed Thurs Fri Sat

Time: Estimated Cost of Event: Per student Actual Cost:

Description of the event: What will this look like

Things that You might need:

Aux Service: Yes NO

(Sound, TV's, Mic's, Movies)
What do you need?

Request #

Facilities that I need:

Boon Classroom
Hilltop Auditorium
Hilltop Gym
Bowman Gym
Hub
Bubble
Café
Simpson 200
Field
Pardington

Request Sent: Approved on :

Transportation :
Yes No
How Far?
How many vans?

Drinks:

Soda
Coffee
Tea
Bottled Water
Gatorade
Other

Food:

Chips and Salsa
Chips and Di
Pizza
Wings
Ice Cream
Pop Corn
Chocolate
Fondue

Paper Goods:

napkins
plates
cups
silverware
Other

