

# Event Planning Form

Name of event: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

(Please be aware that Dayspring Christian Preschool is in operation until 6:00 p.m. on week days. Set up and/or decorating of the children's room or activity room can not begin until after 6:05 p.m. on weekdays.)

Location/ room(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you be providing child care? \_\_\_\_\_

If you will need assistance finding child care provider volunteers/workers, please provide the office an estimate of number and ages of children, 10 days prior to event.

What is the cost to participants? \_\_\_\_\_

Will you require white paper products?  Yes  No

If yes, estimate number of people that will be served: \_\_\_\_\_

Will you need help designing promotion materials?  Yes  No

Would you like help creating a promotional video?  Yes  No

Will you be setting up and decorating a promotional table in the foyer?  Yes  No

Will you need sign-up sheets?  Yes  No

If yes, what kind of information needs to be included on the sign-up sheet?

\_\_\_\_\_

\_\_\_\_\_

Signature

Date