

# STUDENT MINISTRIES EVENT PLANNING FORM

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

TIMES: \_\_\_\_\_

ESTIMATED COST OF EVENT: \$ \_\_\_\_\_

PLANNED # OF STUDENTS: \_\_\_\_\_

COST PER STUDENT: \$ \_\_\_\_\_

ACTUAL # OF STUDENTS: \$ \_\_\_\_\_

ACTUAL COST OF EVENT: \$ \_\_\_\_\_

+/- \$ \_\_\_\_\_

DATE WE BEGIN TO PROMOTE: \_\_\_\_\_

WHO IS IN CHARGE OF CHECK-IN: \_\_\_\_\_

EVALUATION COMPLETED ON AND ATTACHED: \_\_\_\_\_

WHO WAS THIS EVENT FOR: \_\_\_\_\_

WHO CAME TO THE EVENT: \_\_\_\_\_

WHAT WILL YOU CHANGE NEXT TIME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BASIC SCHEDULE: \_\_\_\_\_

\_\_\_\_\_

NUMBER OF VOLUNTEERS NEEDED: \_\_\_\_\_

VOLUNTEER NAME	PHONE NUMBER	E-MAIL ADDRESS
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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# DESTINATION

1. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

WHO MADE THE RESERVATION: \_\_\_\_\_

TIMES AVAILABLE: \_\_\_\_\_

COST \_\_\_\_\_ PER \_\_\_\_\_

OTHER COST: \_\_\_\_\_

RESERVATION # \_\_\_\_\_

ITEMS NEEDED:

\_\_\_ DIRECTIONS \_\_\_ PAYMENT \_\_\_ PRIZES \_\_\_ FOOD \_\_\_ LEADERS

\_\_\_ SCHEDULE \_\_\_ INSTRUCTIONS FOR LEADERS \_\_\_ THANK YOU SENT

WHAT ARE THE BENEFITS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE THE CONCERNS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE I RAN THIS IDEA PAST ANYONE? WHO?

OTHER INFO: