

The Office of Student Life Event Pre-Planning Form

Event Title: _____

Event Date: _____

Purpose of Event: What is the Goal of the event	<hr/> <hr/> <hr/> <hr/> <hr/>		
Who is our targeted audience:	<input type="checkbox"/> Students <input type="checkbox"/> Campus <input type="checkbox"/> Community		
Type of Students (Each has own needs, how will you address them)	Campus Community	Community At Large	
<input type="checkbox"/> Career Paths <input type="checkbox"/> New Students <input type="checkbox"/> Existing Students <input type="checkbox"/> Early College <input type="checkbox"/> PSEO <input type="checkbox"/> Day Student <input type="checkbox"/> Evening Student <input type="checkbox"/> Single <input type="checkbox"/> With Family <input type="checkbox"/> Traditional <input type="checkbox"/> Non-Traditional	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Directors <input type="checkbox"/> Pres/V.P.'s Notes:	<input type="checkbox"/> Babies <input type="checkbox"/> Toddlers <input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Young Adults <input type="checkbox"/> Adults <input type="checkbox"/> Seniors	
Anticipated Attendance	<input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 20-100 <input type="checkbox"/> 100-400 <input type="checkbox"/> 400+		
When will we have the event	<input type="checkbox"/> Week Day <input type="checkbox"/> Weekend <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Multiple days		
Where will we have the event	<input type="checkbox"/> Indoors		<input type="checkbox"/> Outdoors
	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus		<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus
	<input type="checkbox"/> Small Room <input type="checkbox"/> Large Room		<input type="checkbox"/> Small Room <input type="checkbox"/> Large Room
What will be going on at the event	<input type="checkbox"/> Food		<input type="checkbox"/> Entertainment
	<input type="checkbox"/> Concessions <input type="checkbox"/> Catering <input type="checkbox"/> Other(explain)		<input type="checkbox"/> Music <input type="checkbox"/> DJ <input type="checkbox"/> Individual <input type="checkbox"/> Speaker <input type="checkbox"/> Group
			<input type="checkbox"/> Local <input type="checkbox"/> National
How will they hear about it:	<input type="checkbox"/> Flyers <input type="checkbox"/> Banners <input type="checkbox"/> Newspaper <input type="checkbox"/> Web <input type="checkbox"/> Invite <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other		
How much will this cost:			
Location	\$ _____		
Decorations	\$ _____		
Publicity/Marketing	\$ _____		
Entertainment	\$ _____		
Prizes	\$ _____		
Food	\$ _____		
Miscellaneous	\$ _____		

Where can we get the funds from		<input type="checkbox"/> Our Account <input type="checkbox"/> Joint Venture <input type="checkbox"/> Grants <input type="checkbox"/> Donations <input type="checkbox"/> Other			
Location		Where	Assigned To		Date Due
Decorations		What Kind	Assigned To		Date Due
Publicity/Marketing		What Kind	Assigned To		Date Due
Entertainment		What Kind	Assigned To		Date Due
Prizes		What Kind	Assigned To		Date Due
Volunteers (How Many needed for each job)		Assigned To: _____			Date Due: _____
<input type="checkbox"/> Servers # _____	<input type="checkbox"/> Set Up # _____	<input type="checkbox"/> Tear Down # _____	<input type="checkbox"/> Garbage # _____	<input type="checkbox"/> Tables & Chairs # _____ # _____	<input type="checkbox"/> Greeters # _____
<input type="checkbox"/> Data # _____	<input type="checkbox"/> Photos # _____	<input type="checkbox"/> Host/Hostess for Entertainment # _____		<input type="checkbox"/> Marketing # _____	
Additional Thoughts:					

