

Event Planner

Allow 2 weeks for approval before beginning arrangements, placing/taking orders or advertising. This form will be returned to you once approved.



Event Details	Approvals Before Finalization (Office Use Only)
<p>Organization / Club _____ Advisor _____</p> <p>Signature of person who will be at Event. _____</p> <p>Event Title _____</p> <p>Contact Person _____</p> <p>Home Phone _____ / Cell Phone _____</p> <p>Anticipated # of Participants _____</p> <p>OPUSD Approved Chaperone(s) _____ (Note: If the chaperone is NOT the advisor, your organization may be required to pay chaperone's stipend.)</p> <p>Is this a fundraiser? _____ (If yes, please attach a fundraising form.) Are purchases required? _____ (If yes, please attach a purchase order.)</p> <p>Brief Description of Event:</p> <p>_____</p> <p>_____</p>	<p>Assistant Principal's Approval of Concept _____</p> <p>ASB Advisor's Approval of Concept _____</p> <p>Date of ASB Business Meeting Approval _____</p> <p>ASB President's Signature _____</p> <p>Misc. Date _____</p> <p>Facility Availability Coordinator _____</p> <p>Pavilion Approval (_____)</p> <p>Gym Approval Athletic Dir _____</p> <p>_____ (initial) Custodial Support Scheduled</p> <p>Tech Request Rec'd Date _____</p>
<p>Facilities</p> <p>Preferred Location _____ / Backup Location _____</p> <p>Preferred Date _____ / Backup Date _____</p> <p>Set-up/Take-down Time (4 hr limit, total) _____ / Event Time (posted on Calendar) _____</p> <p><input type="checkbox"/> Bleachers/Seats Extended</p> <p><input type="checkbox"/> Restrooms Opened (non-school hours)</p> <p><input type="checkbox"/> Tables/Chairs (TO BE SET-UP BY GROUP)</p>	
<p>Additional Requests (lighting, tech, set-up, microphone, computer/video, etc.) – Please complete TECH REQUEST form, found on website <u>FEES MAY APPLY</u></p>	

Event Resource Request

Must notify the Oak Park District Office Business Department about all events!

Event Site: _____ Event Name: _____ Event Area: _____

Event Date: _____ Start Time: _____ End Time: _____

What resources do you need?

OPUSD Kitchen w/Food Svs. Staff only Min. 2 Hrs. @ 40.00/Hr.

Please refer to **Exhibit 1** - VCSSFA Best Practices for Activities Involving Food Hrs. Needed: _____

Recycling Bins Qty: _____

Tables Qty: _____ Electrical: _____

Chairs Qty: _____ Lighting: _____

Canopies Qty: _____ Other: _____ Qty: _____

Sprinkler Shut Off Date: _____ Time: _____

HVAC Required Date: _____ Time On: _____ Time Off: _____

Submit a Floor Plan for set-up. Refer to **Exhibit 2** for a Sample Event Floor Plan.

Who is the Event Organizer: _____ **Contact Person(s):** _____

Telephone: _____ **Contact Telephone:** _____

Address: _____

City _____ **Zip** _____ **Email:** _____

Custodial Services are required: **Setup Time:** _____ **Teardown Time:** _____

Minimum of 2 custodians for setup, teardown and clean up.

Custodian rate: \$42.00/Hr. 4 Hrs. Total 2 Hrs. Total

Every Vendor/Provider is required to provide a Liability Insurance Certificate and endorsement naming OPUSD as the additionally insured on file at the DO. UPLOAD HERE:

Some rides/inflatables require higher insurance see the **VCSSFA Approved Student Activities Guide** and sample **District Liability Insurance Certificate - Exhibit 3**. Contact the Business Office for assistance.

Every Food vendor/truck MUST also submit: Health Department Permit & Food Handlers' Certificates. Vendors on the **OPUSD Approved Food Vendors List - Exhibit 4** have all requirements in place. You may **attach the required documents** for additional vendors, which will be added to the Approved List.

UPLOAD HERE:

OPUSD encourages food choices within the Wellness Committee Guidelines - **Exhibit 5**.

Vendor Name: _____

Vendor Name: _____

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Vendor Providing: _____

Vendor Providing: _____

X _____
(Site Principal Signature Approving the Event)

Date: _____



Event Resource Request

Contact Information: Annette Segal
Department Assistant
Business Services
(818) - 735 - 3254

Must notify the Oak Park District Office Business Department about all events!

Page 2 for Event Name: _____ Event Site: _____ Date: _____

Please attach all required documents for any vendors not on the Approved List:

Vendor Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Vendor Providing: _____

Vendor Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Vendor Providing: _____

Vendor Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Vendor Providing: _____

Vendor Name: _____

Contact Name: _____

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Telephone: _____

Email: _____

Vendor Providing: _____

Vendor Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Vendor Providing: _____

Vendor Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Vendor Providing: _____