

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) <i>(Note: If the chaperone is NOT the advisor, your organization may be required to pay chaperone's stipend.)</i></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>Facility Availability Coordinator _____</p> <p>Pavilion Approval (_____)</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 checked="" type="checkbox"/> Bleachers/Seats Extended</p> <p><input checked="" type="checkbox"/> Restrooms Opened (non-school hours)</p> <p><input checked="" type="checkbox"/> Tables/Chairs (TO BE SET-UP BY GROUP)</p>	<p>Gym Approval Athletic Dir _____</p> <p>_____ (initial) Custodial Support Scheduled</p> <p>_____ (initial) Tech Support Scheduled</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>	<p>Revised 06/21/2018</p>