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

_____
Organization / Club Advisor

_____
Signature of person who will be at Event.

_____
Event Title

_____
Contact Person

_____ / _____
Home Phone Cell Phone

_____
Anticipated # of Participants

_____
OPUSD Approved Chaperone(s)
*(Note: If the chaperone is **NOT** the advisor, your organization may be required to pay chaperone's stipend.)*

Is this a fundraiser? _____ (If yes, please attach a fundraising form.)
Are purchases required? _____ (If yes, please attach a purchase order.)

Brief Description of Event:

_____

_____

Facilities

_____ / _____
Preferred Location Backup Location

_____ / _____
Preferred Date Backup Date

_____ / _____
Set-up/Take-down Time (4 hr limit, total) Event Time (posted on Calendar)

- ⌗ Bleachers/Seats Extended
- ⌗ Restrooms Opened (non-school hours)
- ⌗ Tables/Chairs (TO BE SET-UP BY GROUP)

Additional Requests (lighting, tech, set-up, microphone, computer/video, etc.) – Please complete TECH REQUEST form, found on website *FEES MAY APPLY*

Approvals Before Finalization *(Office Use Only)*

_____
Assistant Principal's Approval of Concept

_____
ASB Advisor's Approval of Concept

_____
Date of ASB Business Meeting Approval

_____
ASB President's Signature

_____
Facility Availability Coordinator

Pavilion Approval (_____)

_____
Gym Approval Athletic Dir

_____(initial)
Custodial Support Scheduled

_____(initial)
Tech Support Scheduled

Revised 06/21/2018

Oak Park UNIFIED SCHOOL DISTRICT

Event Resource Request

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

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

Event Site: -Select a 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: - Select O

Tables Qty: - Select C Electrical: _____

Chairs Qty: - Select C Lighting: _____

Canopies Qty: - Select C 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: $40.00/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:** Upload

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: Upload

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

Vendor Name: _____
Contact Name: _____
Address: _____
_____
Telephone:_____
Email: _____
_____
Vendor Providing: _____
_____

Vendor Name: _____
Contact Name: _____
Address: _____
_____
Telephone: _____
Email: _____
_____
Vendor Providing: _____
_____

X _____ **Date:** _____

(Site Principal Signature Approving the Event)

U.S. DEPARTMENT OF EDUCATION
GreenRibbonSchools

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

Oak Park UNIFIED SCHOOL DISTRICT

Event Resource Request

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: Upload

Vendor Name: ____________________
Contact Name: ____________________
Address: ____________________
____
Telephone: ____________________
Email: ____________________
____
Vendor Providing: ____________________
____

Vendor Name: ____________________
Contact Name: ____________________
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Vendor Providing: ____________________
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