

**Event Planner**

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



<b>Event Details</b>	<b>Approvals Before Finalization (Office Use Only)</b>
<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 <b>NOT</b> 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><b>Brief Description of Event:</b></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><b>Facilities</b></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>Gym Approval Athletic Dir _____</p> <p>_____ (initial) Custodial Support Scheduled</p> <p>_____ (initial) Tech Support Scheduled</p>
<p><b>Additional Requests (lighting, tech, set-up, microphone, computer/video, etc. ) – Please complete TECH REQUEST form, found on website <u>FEES MAY APPLY</u></b></p>	<p>Revised 06/21/2018</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: \_\_\_\_\_  
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: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Vendor Providing: \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Vendor Providing: \_\_\_\_\_