

The Jett Foundation  Fighting Duchenne Muscular Dystrophy

EVENT PLANNING WORKSHEET

Event: _____ **Date:** _____

Time: _____ **Ticket Price:** _____

Target Audience(s): _____

Expected Attendance: _____

Project Manager(s): _____

Volunteer(s): _____

Format (*check all that apply*):

Reception

Dinner

Luncheon

Breakfast

Networking

Social

Educational

Panel Discussion

Focus Group

Sporting Event

Other _____

LOGISTICS

Site: _____

Contact: _____

Contact #: _____

Capacity: _____

Rental/room fees: _____

Deadlines: _____

Contract: Received Changes Made Signed Returned

Deposit required \$ _____ due by _____

Directions/parking info. Received and added to electronic file

Catering

Contact: _____

Contact #: _____

Type of menu: _____

Menu approved

Counts Needed By: _____

Counts Sent

Per person cost: \$ _____

Beverage Service Needed: _____

Costs: \$ _____

Set Up Time: _____

Day of Contact (if different): _____

Decorations

Vendor(s): _____

Item(s): _____

Contact #: _____

Arrival/pick up time: _____

Program (incl. participants, both Jett Foundation and volunteer)

Description: _____

Speaker(s): _____

A/V Needs: _____

Contact for A/V: _____

Written outline completed

Approved

Sent to speaker(s)

Other Vendors Needed (photographers, entertainment, etc.)

Vendor(s): _____

Item(s): _____

Contact #: _____

Arrival/pick up time: _____

Others: _____

COMMUNICATIONS

On website _____ (section)

E-mails _____ (dates), to _____ (list)

Printed invitations? Format: _____

Vendor(s): _____

Deadlines: _____

Mailed by: _____

MISC.

Gifts for hosts/speakers/volunteers? _____

Jett Items to bring: _____

Additional volunteers needed? _____

Nametags: Yes No

Notes/Reminders: _____

ATTACH ADDITIONAL INFORMATION AS NEEDED