

# EVENT PLANNING FORM

Event Name: \_\_\_\_\_

Submitted on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Chairperson's Name: \_\_\_\_\_ 2<sup>nd</sup> Contact Name: \_\_\_\_\_

Chairperson's Contact Info: Phone \_\_\_\_\_ 2<sup>nd</sup> Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 2<sup>nd</sup> Email: \_\_\_\_\_

Event Location (circle one or more)    Entire Hall                      South Hall                      North Hall

Kitchen    Activity Center    Card Room A    Card Room B    Swim Pool    Media Center    SE Commons

Other – Please specify \_\_\_\_\_

Event Date(s) Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Event Time(s) From: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM Please include setup and tear down

Event Actual Time From: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Is this a re-occurring event? Yes / NO

Please describe preparation time necessary (kitchen) \_\_\_\_\_

Event Description: \_\_\_\_\_

Do you need a sound system? Yes / NO If you need one what do you need? One mike, two mikes, full system?

Who is your sound person? \_\_\_\_\_

Estimated Attendance: (Circle best estimate)

Park Residents: 1-10, 11-20, 21-50, 51-100, 101-200, 201-300

Outside Guests: 1-10, 11-20, 21-50, 51-100

What will you be charging? \_\_\_\_\_

Pay at event? Yes    Name of Cashier \_\_\_\_\_    NO    Prepay with ticket

Does Gate need manned: Y or N    Time \_\_\_\_\_    Who? \_\_\_\_\_

Preparation Crew? \_\_\_\_\_

Cleanup Crew? \_\_\_\_\_

Please return completed for to: Pharr South Office – 1402 S. Cage Pharr TX 78577