

Event Planning Worksheet



Event planning committee members: _____

Date: _____ Time: _____ Registration Deadline: _____

Location: _____

Name: _____ Theme: _____

Age level(s): _____

Service-Unit-Only or Council-Wide? _____

Cost: _____

Included in event cost: _____

First Aider: _____

Needed Certified Volunteers: _____

Volunteers: _____

Activities: _____

Supplies: _____

Marketing Plan: _____

Budget

Expenses

Site:

Rental \$ _____
Cleaning fee \$ _____
Admission fees \$ _____
Other \$ _____
TOTAL \$ _____

Food:

Meals \$ _____
Snacks/drinks \$ _____
Other: \$ _____
TOTAL \$ _____

Housekeeping:

Soap \$ _____
Paper towels \$ _____
Toilet tissue \$ _____
Trash bags \$ _____
Plates/cups/utensils \$ _____
Napkins \$ _____
Other \$ _____
TOTAL \$ _____

Printing/mailling:

Fliers \$ _____
Schedules/site maps \$ _____
Confirmations \$ _____
Other \$ _____
TOTAL \$ _____

Program supplies:

Crafts \$ _____
Decorations \$ _____
Equipment \$ _____
Presenter fees \$ _____
Other \$ _____
TOTAL \$ _____

Miscellaneous:

First Aid supplies \$ _____
Insurance \$ _____
Transportation \$ _____
Thank you gifts \$ _____
Patches/pins/T-shirts \$ _____
Name tags \$ _____
Other \$ _____
TOTAL \$ _____

Total Expenses \$ _____

Income

Participants:

Girl # _____
Adult # _____
Tagalong # _____
Other # _____
Total Number of Participants _____

Fee Per Participant:

*(Total Expenses ÷ Total Number of Participants
= Fee Per Person)*

_____ ÷ _____ = \$ _____

Girl fee _____

Adult fee _____

Tagalong fee _____

Other fee _____

Revenue:

*(Total Number of Paying Participants x Fee Per
Person = Event Revenue)*

_____ x _____ = \$ _____

Profit/Loss:

*(Event Revenue - Total Expenses =
Profit/Loss)*

_____ - _____ = \$ _____

Cancel: ☐ Yes ☐ No

Reschedule: ☐ Yes ☐ No

Restructure Budget: ☐ Yes ☐ No

Offer Financial Assistance: ☐ Yes ☐ No

Repeat Event in the Future: ☐ Yes ☐ No

Additional Comments: _____

